WAJM

WEST AFRICAN JOURNAL OF MEDICINE

ORIGINALITY AND EXCELLENCE IN MEDICINE AND SURGERY

BOOK OF ABSTRACTS

THE 48TH ANNUAL
GENERAL AND SCIENTIFIC MEETING
OF THE WEST AFRICAN COLLEGE OF
PHYSICIANS (WACP)

(NICON LUXURY HOTEL, ABUJA, NIGERIA)

28TH - 30TH OCTOBER, 2024

THE 48TH ANNUAL GENERAL AND SCIENTIFIC MEETING

LA 48E ANNÉE GÉNÉRALE ET RENCONTRE SCIENTIFIQUE

Of the

WEST AFRICAN COLLEGE OF PHYSICIANS (WACP)

(NICON LUXURY HOTEL, ABUJA, NIGERIA)

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(LIVRE DES RESUMES)

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48TH ANNUAL GENERAL SCIENTIFIC MEETING

Improving Health Systems in the West African Region: Opportunities & Challenges

FROM THE EDITOR-IN-CHIEF

Building Resilient Health Systems in West Africa: Challenges, Opportunities, and the Path Forward

We are pleased to present this issue, which includes the book of abstracts from the 48th Annual General and Scientific Meeting (AGSM) of the West African College of Physicians (WACP), held in Abuja, Nigeria. This edition stands as a testament to the vibrant intellectual exchange and research excellence fostered by our esteemed college. We congratulate the local organizing committee and the entire leadership of WACP for delivering an outstanding conference experience. The remarkable dedication and meticulous planning invested in this event have significantly elevated its profile, establishing it as a premier forum for the exchange of knowledge and the development of professional partnerships across West Africa and beyond. This year's AGSM offered a robust platform for engaging discussions and collaborative opportunities, bringing together professionals, experts, and thought leaders across various disciplines.

The abstracts in this issue are a rich compilation of innovative research and practical insights, capturing the scientific rigor and commitment to medical excellence that have been the hallmark of the WACP's legacy. More than 60 abstracts are included encompassing a wide range of topics across various fields of medicine and represent research efforts that contribute meaningfully to their respective disciplines. The role of health insurance in promoting healthcare utilization in Kano, Nigeria was the focus of the study by Michael et al, while Sirisena et al. highlighted the development of a cardiovascular disease risk app in Jos,

designed to improve screening efforts, this innovative tool underscores the growing importance of mobile technology and artificial intelligence in modern healthcare delivery. There are many studies on non-communicable diseases, such as the comparative analysis of diabetic and non-diabetic coronary patients in cardiovascular rehabilitation conducted in Senegal by Ngaide et al. Infectious diseases are also well-represented, with research like the study by Fiawoo et al., which explores the co-infection of malaria and intestinal parasitosis among rural children in the Kloto district, Togo. Additionally, numerous studies focus on paediatric and adolescent health, oncology, and critical mental health topics, including depression and suicidal ideation, among others.

The AGSM focused on a pressing theme: the challenges and prospects of strengthening and improving health systems in the West African sub-region. It is evident that a multifaceted approach is necessary to achieve a robust, equitable, and sustainable health system for West Africa. A central component of strengthening health systems is achieving comprehensive health insurance coverage. Inadequate access to affordable healthcare remains a significant barrier for many in the region, and expanding health insurance can provide a safety net that protects citizens from financial hardship due to health costs. Universal health coverage (UHC) is more than just a goal; it is a pathway to ensuring that every citizen, regardless of economic background, can access

essential health services. By working to implement and expand health insurance schemes, West African countries can make strides in reducing inequities and promoting health security across the sub-region.[1,2]

Innovations play a vital role in transforming health systems. Digital health technologies, for instance, can bridge service delivery gaps, particularly in underserved and rural areas. Telemedicine, mobile health applications, and data-driven health programs offer opportunities to improve access and streamline services. These innovations also enable more accurate monitoring of disease patterns, helping to focus resources where they are most needed. Furthermore, the adoption of these tools requires investment in infrastructure and training to ensure they are effectively integrated into healthcare systems.[1,2]

The quality of healthcare is directly linked to the training of health workers. The WACP has been instrumental in providing quality, specialized training to postgraduate doctors, preparing them to address the unique health challenges of the region. Ensuring the quality of training programs and fostering continuous professional development will be essential in raising the standard of care. Adequate funding is another cornerstone of a sustainable health system. Without sufficient resources, the best plans and innovations cannot be actualized. Governments and partners must prioritize health funding to cover essential services, infrastructure development, workforce remuneration, and training.

Investments in health not only improve individual and community well-being but also contribute to economic development by creating a healthier, more productive workforce.

Finally, effective monitoring, evaluation, and regular quality assessment are critical to maintaining a high standard of care. Health systems must be continuously evaluated to identify areas for improvement, measure the impact of interventions, and ensure that patients receive the best possible care. By institutionalizing rigorous monitoring and feedback mechanisms, health facilities can adjust practices and policies based on real-time data and outcomes. As we strive to strengthen health systems in the subregion, addressing these pillars will be key to overcoming challenges and building resilient, accessible, and high-quality healthcare for all.[1,2]

Permit me to use this opportunity, on behalf of the editorial board and team at the West African Journal of Medicine (WAJM), to extend our heartfelt congratulations to the outgoing executives of the college on the successful completion of their tenure. Your leadership and commitment have led to significant strides in advancing the goals and values of the WACP. Your achievements have been remarkable, including the successful organization of the recent AGSM. Your unwavering support for WAJM has also strengthened the journal's role as a vital platform for medical research and knowledge dissemination. Through your vision, dedication, and team spirit, you have left an indelible mark, fostering growth and inspiring future generations of medical professionals. We sincerely thank you for your foresight and hard work, and we wish you all the best in your future endeavors. May your legacy continue to drive progress within the WACP and the broader medical community.

I extend a warm welcome to the new leaders of the college. May your tenure be marked by success, innovation, and meaningful impact as you steer the college toward new heights. Your leadership comes at a pivotal time, and we are confident that your vision and dedication will further advance the college's mission of promoting excellence in medical practice and education across the region. As you take on this important role, we look forward to your continued support and collaboration in our shared goal of consolidating the progress of the WAJM. Your partnership is invaluable in maintaining the journal's role as a cornerstone for disseminating research, fostering academic exchange, and elevating the standard of medical care in West Africa.

We urge all authors to consider submitting their full manuscripts to the WAJM for publication. We are committed to ensuring that your research reaches a broad audience of healthcare professionals and stakeholders, fostering dialogue and driving further innovation in our field. I would also like to encourage upcoming researchers to explore the wealth of knowledge and ideas presented in these abstracts. These works reflect significant contributions across various medical fields and offer a foundation for further inquiry and development. By drawing inspiration from these studies, researchers can identify gaps, build on existing work, and pursue innovative approaches to address ongoing challenges in healthcare. As we continue to advance research and promote policy improvements, the importance of collaborative and cumulative scientific efforts cannot be overstated. Together, let us continue to build a valuable repository of knowledge that supports the ongoing improvement of healthcare in the region.

Professor G. E. Erhabor

Editor-in-Chief, West African Journal of Medicine, 6, Taylor Drive, Edmund Crescent, Yaba, Lagos / Department of Medicine, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

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A01

ASSESSMENT OF LEAD IN DUST SAMPLES AND HOUSEKEEPING PRACTICES IN STONE QUARRY WORKPLACES IN GUSAU, ZAMFARA STATE

Évaluation du plomb dans les échantillons de poussière et les pratiques d'entretien ménager dans les lieux de travail des carrières de pierre à Gusau, dans l'État de Zamfara

[1]*A. Shehu,* [2]*M. O. Raji,* [2]*A. U. Ka'oje,* [2]*M. M. Bello,* [3]*H. Akogwu,* [3]*M. Z. Daninna*

[1]*Department of Community Medicine, Federal Medical Centre Gusau, Zamfara State.* [2]*Department of Community Medicine, Usmanu Danfodiyo University Teaching Hospital Sokoto.* [3]*Family Medicine Dept., Federal Medical Centre Gusau, Zamfara State.*

Correspondence: Shehu Abdullahi, Email: abdulshehu78@gmail.com. Tel: +2348065280996.

Background: Workplace hazards are produced in the process of quarrying stones and include heavy metals like Lead, Cadmium, Nickel, etc. These hazards are harmful to the workers whenever they accumulate above the maximum permissible level in the quarries.

Objectives: This study assessed the Lead level in dust samples and housekeeping practices in stone quarries in Gusau.

Methods: A cross-sectional study was conducted among 307 quarry workers in Gusau between July and August 2022. The respondents were selected by a two-stage sampling technique. Data was collected using an interviewer-administered questionnaire (ODK). Heavy metal analysis was conducted in the National Research Institute for Chemical Technology Zaria. Data was presented in tables and graphs. Ethical clearance was obtained from the Health Research Ethics Committee of the Ministry of Health Zamfara State

Results: The Lead levels in dust samples in Lalan, Damba, and Samaru quarry work and administrative areas were 0.30, 0.31; 0.09, <0.01; 0.01, 0.04 (mg/kg) respectively [t=0.10, (p=0.92)] and all were below the maximum permissible level (100mg/kg). Only two-thirds, 209 (68.1%) of the respondents take a bath always, about one-third 92 (30.0%) bath sometimes, while six (1.9%) respondents never take a bath before and after work. Almost all the respondents 302 (98.4%) had never used a uniform in the quarry. Only one-sixth, 47 (15.3%) of the respondents avoid food or drink at work areas.

Conclusions: This study revealed tolerable levels of lead but poor housekeeping practices in the quarries in Gusau. The quarry employers should ensure periodic training and education of the workers on good housekeeping practices in the quarries.

Keywords: Dust, Housekeeping, Lead, Practices, Quarry.

A02

COLORECTAL CANCERS IN COTONOU FROM 2013 TO 2023: EPIDEMIOLOGICAL, DIAGNOSTIC, THERAPEUTIC AND PROGNOSTIC ASPECTS

Cancers colorectals à Cotonou de 2013 à 2023 : aspects épidémiologiques, diagnostiques, thérapeutiques et pronostiques

[1,2]*A. R. Kpossou,* [1,2]*R. K. Vignon,* [2]*J. Hadjete,* [1,2]*C. N. M. Sokpon,* [1,3]*F. H. R. Gnangnon,* [1,4]*F. Séidou,* [1,2]*J. Séhonou*

[1]*Faculty of Health Sciences (FSS), University of Abomey-Calavi (UAC), Cotonou, Benin.* [2]*University Clinic of Hepatology and Gastroenterology, National and teaching Hospital Hubert Koutoukou Maga (CNHU-HKM), Cotonou, Benin.* [3]*University Visceral Surgery Clinic, CNHU-HKM, Cotonou.* [4]*University Anatomy and Cytology Pathology Clinic, CNHU-HKM, Cotonou.*

Correspondence: Dr AboudouRaïmi KPOSSOU; E-mail: kpossou.raimi@yahoo.fr

Introduction: the increasing incidence and high mortality of colorectal cancer (CRC) make it a major public health concern in developing countries.

Objective: The aim of this work was to study the epidemiological, diagnostic, therapeutic, and prognostic aspects of colorectal cancers from 2013 to 2023 in Cotonou.

Methods: This was a descriptive, analytical study with retrospective data collection, covering CRC patients managed in specialized centers in Cotonou (university clinics of visceral surgery, internal medicine and hepato-gastroenterology at CNHU-HKM and the Cotonou Cancer Center).

Results: A total of 194 CRC cases were identified out of 13857 patients seen during the study period (1.4%), with a peak incidence in 2023. The median age was 53, with an interquartile range of [64-40]; 25% of subjects were under 40. The sex ratio was 1.3 (110 men and 84 women). The

median time to diagnosis was 8.4 months. Constipation (78.8%), abdominal pain (71.5%), and haematochezia (61.8%) were the main clinical presentation, and occlusive forms in 27.5%. Tumor location was recto-sigmoid in 51.5%. CRC was stage III or IV in 60.4%, with 38.7% metastases. The main treatments applied were curative surgery (8.3%), palliative surgery (68.8%) and palliative chemotherapy (68.8%). Median overall survival was 22.5 months, with a 5-year survival rate of 5%. Factors predictive of death were duration of progression before diagnosis (p<0.001), World Health Organization performance status index (p=0.001), and absence of chemotherapy treatment (p=0.026).

Conclusion: CRC is increasingly common in Cotonou, and has a very poor prognosis. Early diagnosis and appropriate treatment could improve prognosis.

Keywords: Colorectal cancer, Epidemiology, Treatment, Survival, Cotonou.

A03

VIRAL HEPATITIS C IN ADULT DIABETICS IN COTONOU IN 2023: PREVALENCE AND ASSOCIATED FACTORS

Hépatite C virale chez les diabétiques adultes à Cotonou en 2023 : prévalence et facteurs associés

[1,2]A. R. Kpossou, [1,2]C. N. M. Sokpon, [2]E. O. H. Alade, [1,2]R. K. Vignon, [3]S. E. Gbedo, [4]A. Kerekou Hode, [1,2]J. Séhonou

[1]Faculty of Health Sciences (FSS), University of Abomey-Calavi (UAC), Cotonou, Benin. [2]University Clinic of Hepatology and Gastroenterology, National and Teaching Hospital Hubert Koutoukou Maga (CNHU-HKM), Cotonou, Benin. University Visceral Surgery Clinic, CNHU-HKM, Cotonou. [4]University Anatomy and Cytology Pathology Clinic, CNHU-HKM, Cotonou.

Correspondence: Dr Aboudou Raïmi KPOSSOU; e-mail: kpossou.raimi@yahoo.fr

Introduction: Diabetes and chronic liver diseases such as viral hepatitis C (HVC) are global public health problems. The combination of the 2 increases the risk of cirrhosis and hepatocellular carcinoma.

Objective: The aim of this study was to investigate viral hepatitis C in adult diabetics in referral health centers in Cotonou.

Methods: This was a descriptive and analytical cross-sectional study with prospective data collection from July to October 2023 at the Clinique Universitaire d'Endocrinologie Métabolisme Nutrition of the CNHU-HKM, and at the Banque d'insuline d'Akpakpa. A rapid test was used to diagnose hepatitis C and the C viral load determined by PCR. Hepatic fibrosis was assessed by the APRI (ASAT to platelet ratio Index) score.

Results: A total of 281 patients were included, with a mean age of 60.4±11.2 years, ranging from 22 to 88 years, and a sex ratio of 0.6. Anti-HCV antibodies were positive in 5 patients, for a prevalence of 1.7%, including 2 with detectable HCV RNA PCR (0.7% of the study population). Factors associated with HCV were, in bivariate analysis, hepatic cytolysis (p=0.005), prothrombin level (p=0.015), APRI score (p=0.003) and insulin therapy (p=0.030). In multivariate analysis, surgical history (p=0.045) and insulin therapy (p=0.030) were statistically associated with the presence of anti-HCV antibodies in diabetics.

Conclusion: Viral hepatitis C is fairly common in adult diabetics, especially those with a history of surgery or on insulin therapy. Screening of diabetics for viral hepatitis C would be useful to reduce the morbidity and mortality associated with this association.

Keywords: Type 2 diabetes, hepatitis C, prevalence, associated factors.

A04

COMPARATIVE ASSESSMENT OF PERCEIVED QUALITY OF ANTENATAL SERVICES AMONG INSURED AND UNINSURED PREGNANT WOMEN ATTENDING ANTENATAL CLINIC IN A TERTIARY HEALTH INSTITUTION, IN SOKOTO, NIGERIA

Évaluation comparative de la qualité perçue des services prénatals chez les femmes enceintes assurées et non assurées qui se tiennent à la clinique prénatale dans un établissement de santé tertiaire, à Sokoto, au Nigeria

Habibullah Adamu, Khadija Mohammed Ojoagefu, Mubarak Ibrahim Umar, Fatima Ibrahim Saulawa

Department of Community Health, Usmanu Danfodiyo University, Sokoto, Nigeria

Introduction: Access to quality antenatal care (ANC) is essential in reducing high maternal morbidity and mortality, especially in resource-poor countries. One way of ensuring financial accessibility to high-quality ANC services is through health insurance. This study assessed the perceived quality of services among insured and uninsured pregnant women attending the ANC at a tertiary health institution in Sokoto, Nigeria.

Methodology: A comparative cross-sectional study was carried out among 118 pregnant women selected via systematic sampling technique. Data were sought using a validated structured questionnaire and IBM SPSS version 25 was used for data analysis. Statistical significance was set at p < 0.05.

Result: Key socio-demographic variables (age, marital

status, educational status) of the respondents were comparable concerning their health insurance status (p>0.05). Duration of registration time was significantly longer among the insured than the uninsured clients (p<0.001), however, time spent in waiting was comparable in both groups (p=0.936). Similarly, the ease of getting prescribed drugs and investigations was higher among uninsured compared to their insured counterparts (p<0.001). Clients in both groups were generally satisfied with the services received at the clinic, and there was no statistically significant difference between the two groups (p>0.05). No factor was found to be significantly associated with clients' satisfaction in both groups (p>0.05).

Conclusion: Insured clients spent considerably longer time in registration, laboratory, and in waiting to get their drugs after prescription. To reduce delay in obtaining investigation and prescribed drugs, a dedicated laboratory and pharmacy need to be provided within the antenatal clinic complex.

Keywords: Quality of service, pregnant women, health insurance, antenatal, Sokoto.

A05

AORTIC REFLECTION MAGNITUDE SUGGESTS A BETTER RELATIONSHIP WITH BODY MASS INDEX THAN OBTAINED IN OTHER CONVENTIONAL BLOOD PRESSURE PARAMETERS, IN A GROUP OF HYPERTENSIVE PATIENTS
L'amplitude de la réflexion aortique suggère une meilleure relation avec l'indice de masse corporelle que celle obtenue dans d'autres paramètres conventionnels de la pression artérielle, dans un groupe de patients hypertendus

[1,2]*A. J. Bamaiyi, [2]F. B. Mojiminiyi, [2]B. Shuaibu, [2]R. A. Abubakar, [3]K. N. Mmopi, [2]E. A. Morolohun

[1]Department of Internal Medicine, Usmanu Danfodiyo University Teaching Hospital, Sokoto

[2]Department of Physiology, College of Health Sciences, Usmanu Danfodiyo University, Sokoto

[3]Department of Biomedical Sciences, Faculty of Medicine, University of Botswana, Gaborone, Botswana.

Correspondence: Adamu Jibril Bamaiyi, Email: adamu.bamaiyi@udusok.edu.ng. Phone: +2348030925695

Background: Although, body mass index (BMI) is an important confounder of hypertension and a relationship has been postulated between BMI and blood pressure (BP) in the hypertensive range, the relationship between BMI and central BP remain poorly studied.

Objectives: To determine how central BP parameters relates with BMI, in a group of hypertensive patients.

Methods: In an ongoing data, 55 hypertensive patients (average age =52.4 years) were evaluated for anthropometries including BMI and skin fold thickness (SFT) by standard methods. Aortic BP was assessed using a well-validated, reproducible and noninvasive pulsepen tonometric device that employs generalized transfer function (GTF) interfaced with a computer. The office BP were also measured by experienced observers. Pearson's correlation co-efficient (r), were determined for the anthropometries and BP parameters and the results subsequently compared.

Results: There was no significant correlations recorded for both the SFT and BMI with the peripheral systolic and pulse pressure (PP)), as well as with the aortic systolic BP or PP, the forward pressure wave, (*Pf*) or the reflected pressure (*Pb*). However, the reflected component (*Pb*) of the aortic pressure did, when evaluated independent of the forward pressure wave, (*Pf*) as reflection magnitude (RM) against the BMI (-0.273, p =.046).

Conclusions: The reflected wave, *Pb* evaluated independent of the *Pf*, as RM, of the aortic pulsatile pressures, correlates better than other components with BMI in a group of hypertensive patients.

Conflict of interest: None declared

Keywords: Body mass index, Skin fold thickness, Generalized transfer function, Central Blood pressure, Reflected wave, Reflection magnitude

A06

CENTRAL BLOOD PRESSURE IN CONJUNCTION WITH CONVENTIONAL BLOOD PRESSURE MAY EXPLAIN TARGET ORGAN CHANGES BETTER THAN CONVENTIONAL PRESSURE ALONE, IN A GROUP OF NORMOTENSIVE ADULTS
La pression artérielle centrale en conjonction avec la pression artérielle conventionnelle peut mieux expliquer les changements d'organes cibles que la pression conventionnelle seule chez les patients hypertendus

[1]*A. J. Bamaiyi, [2]F. B. Mojiminiyi, [2]B. Shuaibu, [2]R. A. Abubakar, [3]K. N. Mmopi, [2]E. A. Morolohun

[1]Department of Internal Medicine, Usmanu Danfodiyo University Teaching Hospital, Sokoto

[2]Department of Physiology, College of Health Sciences, Usmanu Danfodiyo University, Sokoto

[3]Department of Biomedical Sciences, Faculty of Medicine, University of Botswana, Gaborone, Botswana

Correspondence: Adamu Jibril Bamaiyi Email: adamu.bamaiyi@udusok.edu.ng, Phone: +2348030925695

Background: Although, it is well-recognized that conventional BP alone may not be enough to determine

target organ changes associated with hypertension and in cardiovascular events risk assessment, there is scarcity of data on this topic.

Objectives: To determine how central BP compares with conventional BP in their association with left ventricular mass index (LVMI), among hypertensive patients.

Methods: Ninety-five participants were evaluated. Conventional office BP were measured following standard procedures. And central BP was assessed using a well-validated, noninvasive pulsepen tonometric device employing generalized transfer function (GTF) interfaced with a computer. The BP parameters of both procedures were evaluated and the beta-coefficient and the corresponding coefficient of determination (R^2) against the LVMI which was determined by echocardiography method and the results compared.

Results: The respective β-coefficient and R^2 were as follows; for the systolic BPs, central vs office BP (0.2278, .0299 vs 0.0541, .0018). Diastolic BPs, central vs office BP (0.2030, .0651 vs 0.2050, .0075). For pulse pressure (PP), central vs office PP (0.2673,.0133 vs 0.182, .0100). For Mean arterial pressure (MAP) central vs office BPs (0.2253, .0161 vs 0.2048, .0107). Also evaluated were the central forward pressure (Pf) (β-coefficient =0.2073, and R^2 = .0086), backward/reflected pressure wave (Pb) (β-coefficient =0.7034, and R^2 = .0133,)), the reflection magnitude (RM =Pb/Pf) (β-coefficient =0.8073, and R^2 = .0986) and the pulse wave velocity (PWV) (β-coefficient =0.7408, and R^2 = .0047).

Conclusions: Central BP indices may have association with LVM-indexed to the height[2.7], beyond that shown by conventional BP parameters taken at the arm.

Conflict of interest: None declared

Keywords: Central Blood pressure, Target organ changes, Forward pressure, reflected wave, Reflection magnitude, Pulse wave velocity.

A07

EXPLORING THE PREVALENCE OF METABOLIC SYNDROME AND KEY RISK FACTORS IN A RURAL COMMUNITY IN ABEOKUTA, OGUN STATE

Explorer la prévalence du syndrome métabolique et les principaux facteurs de risque dans une communauté rurale à Abeokuta, dans l'État d'Ogun

[1]*A. E. Adegoke, [1]G. J. Alabi, [1]S. O. Abati

[1]Federal Medical Centre, Abeokuta. Ogun State, Correspondence: Dr. Adegoke Ayokunle E, Department of Internal Medicine, FMC, Abeokuta

Email: greatadek@yahoo.com

Background: Metabolic syndrome (Syndrome X) is a multifactorial disease with multiple risk factors. It comprises a combination of risk factors for cardiovascular disease, as well as for diabetes, fatty liver and several cancers. It is gradually becoming more in our environment but few epidemiological studies on the subject have been conducted in rural areas in Nigeria. Hence, the essence of this study.

Objectives: Metabolic syndrome is considered an emerging epidermic in developing countries. However, there seems to be paucity of data on the prevalence. This study aimed to assess the prevalence of metabolic syndrome and associated risk factors in Ilugun Community of Abeouta, Ogun State.

Methodology: A total of 51 participants who participated in the free medical outreach during the 2024 World Hypertension Day in Ilugun Community, a rural area in Abeokuta, Ogun State. Anthropometric variables, FBG, triglycerides, total cholesterol, HDL-C and blood pressure were assessed. The ATP III criteria were used to diagnose metabolic syndrome. Sociodemographic data, including age, gender, history of hypertension, tobacco use, alcohol consumption, exercise frequency, and body mass index (BMI) were also collected to assess the risk factors. The data was cleaned, entered, and analysed using Statistical Package for Social Sciences (IBM SPSS 26.0 version). Univariate analysis: Categorical variables were summarized using frequency and percentages. Bivariate analysis: Chi-Square test was used. Level of significance was set at p-value < 0.05

Results: The mean age of participants was 48.9. The prevalence of metabolic syndrome in the community was found to be 19.4%. The percentage of individuals with abnormal measurements were as follows: abdominal circumference (18%), blood pressure (43.2%), fasting blood glucose (7%) and triglycerides (17%). 14% of the participants were overweight to obese, abnormal BMI was identified as a important risk factor that showed a statistically significant association with metabolic syndrome (P<0.05)

Conclusion: This study highlights the prevalence of metabolic syndrome and associated risk factors. The manifestation and impact of metabolic syndrome can vary across different ethnicities, age groups, and genders.

Keywords: Metabolic Syndrome, Prevalence, Risk Factors, Rural Community, Abeokuta Ogun State.

A08

PREVALENCE AND RISK FACTORS OF SUICIDAL THOUGHTS AMONG SECONDARY SCHOOL ADOLESCENTS IN RIVERS STATE, NIGERIA: URBAN AND RURAL COMPARISON

Prévalence et facteurs de risque de pensées suicidaires chez les adolescents du secondaire dans l'état de rivers, au nigeria : Comparaison urbaine et rurale

[1]C. C. Onyechi, [1]*F. O. Adeniji

*[1]Department of Community Medicine, University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State.

Introduction: Suicidal behavior remains a major public health problem all over the world. Suicide thoughts entail thoughts of engaging in self-injurious behavior with the intent to die.

Objectives: This study investigates the prevalence and risk factors associated with suicidal thoughts among secondary school adolescents in both urban and rural areas of Rivers State, Nigeria.

Methods: Using a comparative cross-sectional study design, data were collected from 1680 adolescents (839 in rural and 841 in urban) via an interviewer-administered questionnaire. Data was analyzed with SPSS version 25.

Results: The findings revealed that 26.5% of the adolescents reported having suicidal thoughts, with a slightly higher prevalence in rural areas (26.9%) compared to urban areas (26.0%). Multivariate logistic regression analysis identified significant risk factors ($p \leq 0.05$), including older age (middle and late adolescence), polygamous family structure, divorced or separated parents, single-parent families, academic difficulties, and dissatisfaction with daily activities. Specific factors such as being an orphan, having a family history of mental health issues, and experiencing loneliness were more significant in urban areas, whereas being in senior classes, living with the father alone, experiencing sexual abuse, and lacking social support were prominent in rural areas.

  Factorization of the three major grouped associated risk factors (environmental, psychosocial, and intra-personal) revealed intra-personal factors to be prevalent in adolescents with suicidal thoughts in rural secondary schools and psychosocial factors in the urban region.

Conclusion: Early identification and tailored public health interventions can help reduce the prevalence of suicidal thoughts and prevent progression to more severe suicidal behaviors.

Keywords: Prevalence, Risk factors, Suicidal thoughts, Urban and rural community

A09

PREVALENCE, TYPES, AND PREDICTORS OF SEXUAL ABUSE AMONG IN-SCHOOL ADOLESCENTS IN AKWA IBOM STATE, NIGERIA: AN URBAN-RURAL QUANTITATIVE SURVEY

Prévalence, types et prédicteurs d'abus sexuels chez les adolescents à l'école dans l'État d'Akwa Ibom, au Nigeria : Une enquête quantitative urbaine-rurale

[1]*M. A. Akaninyene, [1,2]O. E. Johnson, [3]A. E. Oyo-ita

[1]Department of Community Medicine, University of Uyo Teaching Hospital, Uyo, Nigeria, [2]Department of Community Medicine University of Uyo, Uyo, Nigeria. [3]Department of Community Medicine, University of Calabar Teaching Hospital, Calabar Nigeria

Correspondence to: Dr Akaninyene Mark, Department of Community Medicine, University of Uyo Teaching Hospital.

Corresponding email akanmark466@gmail.com,

Tel: +2347086662115

Background: Sexual abuse among adolescents is a serious public health problem. It is a developmental stressor/ reality that remains a cause for concern to parents, teachers, and governments of nations with profound, long-term physiologic and psychosocial effects.

Objective: To determine and compare the prevalence, types, and predictors of sexual abuse among in-school adolescent students in urban and rural areas of Akwa Ibom State, Nigeria

Methods: This was an analytical cross-sectional comparative study with 740 public senior secondary students from 4 selected rural and urban schools. A self-administered, semi-structured questionnaire was used for data collection. Data analysis was carried out with Statistical Package for Social Sciences version 25 software. Logistic regression analysis was used to determine the predictors of unwanted sexual experiences and statistical significance was set at p-value ≤ 0.05.

Results: The mean age was 17.0 ± 1.52 years for urban compared to 16.0 ± 1.19 years for rural (p<0.001). The overall prevalence of unwanted sexual experiences was 60.9% (p<0.001). Types of unwanted sexual experiences included verbal abuse, (35.9% rural, 34.3% urban), breast caressing (23.8% urban, 17.3% rural), kissing (20.5% rural, 19.8% urban), genital touching (18.1% urban, 16.2% rural), pornography (33.0% urban, 25.9% rural), unwilling intercourse (70.4% urban, 76.9% rural). Predictors among rural were monetary gain (OR=4.00; 95% CI: 2.549-6.275), peer pressure (OR=2.666; CI:1.729-4.113), curiosity (OR 4.21; CI: 2.682-6.635), while for urban it included monetary gains (OR=2.00; 95% CI: 1.414-3.275) peer pressure (OR=2.666; CI:1.414-3.275), curiosity (OR 2.59; CI:1.695-3.962.), alcohol intake (OR 2.65; CI: 1.741-4.044)

Conclusion: The study shows a high prevalence of sexual abuse among the respondents. There is a need for reproductive health education in schools to mitigate this menace

Keywords: prevalence, types, predictors, sexual abuse in adolescents, Rural and urban schools

Conflict of interest: None declared.

A COMPARATIVE EVALUATION OF CLIENT SATISFACTION WITH HEALTHCARE SERVICE DELIVERY IN TWO LOCAL GOVERNMENT AREAS IN THE NIGER DELTA

Une évaluation comparative de la satisfaction du client à l'égard de la prestation de services de santé dans deux zones gouvernementales locales du delta du Niger

[1]A. O. Fajola, [2]A. A. Alali, [1]R. Ogbimi, [1]F. Oduneye, [3]O. Maduka

[1]*Department of Community Health Shell Petroleum Development Company of Nigeria .* [2]*Department of Community Medicine, Rivers State University Teaching Hospital, Rivers State.* [3]*Department of Community Medicine, University of Port Harcourt, Rivers State.*

Background: The Olobiri Health Programme (OHP), is a flagship project of the Shell Petroleum Development Company in Ogbia LGAs in Bayelsa States (Ogbia and Sagbama). Phase one of the program provided universal health coverage, a remodeled and fully equipped General Hospital in Kolo; fully equipped laboratories in the College of Health Technology, Otuogidi; and solar-powered water treatment facilities for the communities. Phase 2 includes the Oloibiri Health Campus, the Drug Distribution Centre at Emeyal II, a 400-metre Oloibiri access road to the health campus, and the Ogbia Safe Maternal and Infant Care Programme." This study compares client satisfaction at the Intervention LGA (Ogbia) with Sagbama LGA where the intervention was not provided.

Objectives: To compare the quality of care and patient satisfaction with healthcare service delivery among OHP-supported health facilities in Ogbia with facilities in Sagbama local government areas (LGA) of Bayelsa State.

Methods: An analytical cross-sectional survey involving 156 facility exit interviews was conducted in three secondary healthcare facilities in the two LGAs. A validated patient satisfaction questionnaire (PSQ-18) comprising 18 questions in six satisfaction domains was administered. Data was collected via Open Data Kit, downloaded as an MS Excel 365 document, and exported to SPSS v25 for data analysis with t-test and ANOVA comparisons (with a p-value set at 0.05).

Results: Overall satisfaction was significantly higher among healthcare facilities supported by the OHP in Ogbia LGA compared to Sagbama LGA (t=3.21; p=0.002). Also higher were technical quality of care (t=3.44; p=0.001), interpersonal manner of the health workers (t=3.07; p=0.003), financial aspects (t=2.58; p=0.005), time spent with the doctor (t=2.01; p=0.046) and accessibility to care (t=2.16; p=0.033). In Ogbia LGA, the highest mean satisfaction was identified among patients at the Otuasega Cottage Hospital. Satisfaction with technical quality was highest in Kolo General Hospital (F=3.97; P=0.03), and satisfaction with communication was highest in Otuasega Cottage Hospital (F=3.62, P=0.04).

Conclusion: Clients accessing care in Ogbia LGA showed significantly higher satisfaction scores than Sagbama LGA. This highlights the role of health system strengthening activities in improving the quality of healthcare service delivery.

Keywords: Oloibiri Health Program, Ogbia, Sagbama, LGA, Client Satisfaction.

A11

ECONOMIC BURDEN OF MANAGING HEPATITIS C VIRUS DISEASE IN RESOURCE-LIMITED SETTING

Fardeau économique de la prise en charge de l'hépatite C dans un contexte de ressources limitées

[1]A. A. Alali, [2]G. Owhonda, [1]T. C. Uzosike, [3]D. S. Ogaji

[1]*Department of Community Medicine, Rivers State University, Nkpolu, Port Harcourt, Nigeria.* [2]*Department of Public Health and Disease Control. Rivers State Ministry of Health, Port Harcourt, Nigeria.* [3]*Africa Centre of Excellence in Public Health and Toxicology Research (ACE PUTOR), University of Port Harcourt, Choba, Nigeria*

Introduction: Viral hepatitis C (HCV) is a global public health problem, and its management could impose substantial financial burdens on households, especially in sub–Saharan Africa, which has limited health coverage. This study assessed the economic impact of managing HCV patients in households in a resource-limited setting.

Methods: This was a facility-based cross-sectional survey involving a two-stage sampling method to select 90 hepatitis C patients at various stages of the disease. The data were analyzed using the Statistical Package for Social Sciences version 26, and the results are presented in tables.

Results: The mean cost of managing hepatitis C for three months was N549,754 ($1,447). Up to 93.5% of hepatitis C patients pay out-of-pocket for health care. Only 3.3% of the patients had health insurance coverage, and the rest were covered by employers. The proportion of households that experienced catastrophic health expenditures because of care for hepatitis C was 70.5%. Before health payments, 3.2% of the households were already in poverty, and 1.1% were in extreme poverty. After healthcare payments, 17.9% more households were tipped into poverty and 18.9% into extreme poverty because of payment for their treatment.

Conclusion: Payment for the management of hepatitis C patients is predominantly out-of-pocket, and a significant proportion of households suffer financial catastrophe because of the cost of managing HCV. Coordinated efforts by stakeholders are required to implement prepayment schemes and direct subsidies to enhance financial protection for patients managed for HCV infection.

Keywords: Hepatitis C virus, economic burden, impoverishing effect, catastrophic health expenditure, Nigeria.

A12

CLINICAL EPIDEMIOLOGY OF NASAL COLONISATION WITH STAPHYLOCOCCUS AUREUS AMONG PAEDIATRIC IN-PATIENTS AT THE UNIVERSITY COLLEGE HOSPITAL, IBADAN, NIGERIA

Épidémiologie clinique de la colonisation nasale par Staphylococcus aureus chez les patients pédiatriques hospitalisés au University College Hospital d'Ibadan, au Nigeria

A. B. Obasi, R. E. Oladokun, B. O. Ogunbosi, O. K. Aderemi

Background: Colonisation precedes *Staphylococcus aureus* (*S. aureus*) infections with associated high morbidity and mortality, especially in hospitalised patients. *S. aureus* is the second leading cause of Hospital Acquired Infections(HAI) and death from resistant infections among hospitalised patients. Information to guide useful strategies such as decolonization proved to control *S. aureus* infections is not available in this setting for paediatric in-patients.

Aims and Objectives: The study aimed to determine the prevalence of *S. aureus*; to identify the social-demographic and clinical risk factors and the susceptibility pattern of *S. aureus* isolates colonising the nares of paediatric in-patients at the University College Hospital, Ibadan, Nigeria.

Methodology: The study was cross-sectional, involving 385 paediatric in-patients aged less than 18 years. Nasal swab was taken from all patients within 48 hours of admission and analysed using conventional laboratory methods and the *S. aureus* isolates identified were further analysed using Analytical Profile Index for Staph (API Staph).

Results: *S. aureus* carriage prevalence was 7.8% and Methicillin Resistant *Staphylococcus aureus* (MRSA) prevalence was 2.1%. Risk factors identified for *S. aureus* carriage were: skin lesions(p <0.001), eye discharge(p= 0.035), and allergy(p= 0.0038) with the absence of skin lesions protective of *S. aureus* carriage on multivariate analysis (OR=0.020; 95% C.I [0.007, 0.652]). *S. aureus* isolates showed good susceptibility to mupirocin(86.2%), clindamycin(79.3%) and cefoxitin(75.9%); fair susceptibility to genticin (65.5%) and poor susceptibility to cotrimoxazole(20.7%) and erythromycin(27.6%).

Conclusion: *S. aureus* carriage in this setting is 7.8% with the absence of skin lesions being protective of *S. aureus* carriage. The isolates showed good sensitivity to locally available antibiotics.

Keywords: Clinical epidemiology, Nasal colonisation, Staphylococcus aureus, S. aureus

A13

EFFECT OF ELECTRONIC SHORT MESSAGE SERVICE REMINDERS ON MEDICATION ADHERENCE AMONG HYPERTENSIVE PATIENTS IN KATSINA STATE: A QUASI-EXPERIMENTAL STUDY

Effet des rappels par service de messagerie électronique sur l'adhésion aux médicaments chez les patients hypertendus dans l'État de Katsina : une étude quasi-expérimentale

[1]*Lawal Aminu, [2]Suleiman Bello Abdullahi, [3]Abdulhakeem Abayomi Olorukooba, [3]Khadeejah Liman Hamza, [4]Bilkisu Usman, [1]Amir Abdulkadir, [1]Shaimau Kabir Abba, [1]Shamsuddeen Suleiman Yahaya, [7]Nafisa Sani Nass, [3]Lawal Amadu, [3]Zaharaddeen Babandi Shuaibu, [5]Salamatu Belgore, [4]Hadiza Iliyasu, [3]Umar Muhammad Umar, [3]Bashar Muhammad Jibril, [6]Suleiman Saidu Bashir, [6]Adam Ahmad, [3]Fahad Abubakar Saulawa, [3]Muawiyyah Sufiyan Babale, [3]Alhaji Aliyu Abubakar, [7]Abduljalil Umar Abdullahi, [7]Tanko Umar Yakasai, [8]Muktar Ahmed Gadanya, [8]Abubakar Sadeeq Isah*

[1]Katsina State Primary Health Care Agency, Katsina State, Nigeria. [2]Department of Family Medicine, Federal Teaching Hospital Katsina, Katsina State, Nigeria. [3]Department of Community Medicine, Ahmadu Bello University Zaria, Kaduna State, Nigeria. [4]Department of Community Medicine, Kaduna State University, Kaduna State, Nigeria. [5]Federal Capital Territory, Primary Health Care Board, Abuja-Nigeria. [6]Turai Umar Yar'adua Maternal and Child Health Hospital, Hospital Services Management Board, Katsina State, Nigeria. [7]Department of Community Medicine, Federal Teaching Hospital Katsina, Katsina State, Nigeria. [8]Department of Community Medicine, Aminu Kano Teaching Hospital, Kano State, Nigeria.
Corresponding Author: +2348035476251. Email: brexit.dms@gmail.com

Introduction: Globally, hypertension is considered a public health problem affecting over 1.3 billion individuals of which 60% need reminders to take medication to achieve adherence, optimal blood pressure and avert complications.

Literature shows electronic short message reminders (e-SMS) improved medication adherence.

Objective: To determine the effect of e-SMS reminders on medication adherence among hypertensive patients in Katsina State.

Methods: A quasi-experimental study was employed to determine the effect of e-SMS reminders on medication adherence among 252 control and 252 intervention groups selected using a multistage sampling technique. e-SMS reminders were sent to the intervention group only. Data was collected using a pretested interviewer-administered questionnaire, and analysed using IBM-SPSS-25, while medication adherence was assessed using the 8-item Modified Morisky Adherence Scale.

Results: The commonest respondents' age group was 40-49 years (23.8%) and Male-Female ratio was 0.8:1 Majority were Hausas (97.6%) by tribe and Muslims (98%). Adherence in the study group was 59.5% and 75.9% ($P<0.001$) that of the control group was 63.1% and 66% at pre and post-intervention stages respectively. Factors associated with adherence in the intervention group were sex, occupation, insurance coverage, and being in the 4th wealth quintile. e-SMS reminder increased adherence in the intervention groups by >16% ($P<0.001$) In the control group, males were 3.4 times more likely to adhere to medication than females (aOR 3.4; 95% CI 1.4–8.3) while in the intervention group, business tycoons were 3 times more likely to adhere to medication than other occupations (aOR 3.7; 95% CI 1.006–13.75;).

Conclusion: e-SMS reminders significantly increased adherence to the intervention. Determinants of adherence were occupation, male sex, insurance coverage, and being in the 4th wealth quintile.

It is recommended that the State Hospital Management Board integrate e-SMS reminders as part of hypertension treatment protocols due to their potential to improve medication adherence.

Conflict of Interest: Authors declare no conflict of interest

Keywords: Adherence, Compliance, Electronic reminders, Medication, Text Message.

A14

RESEARCH PRODUCTIVITY AND ASSOCIATED CHALLENGES AMONG POSTGRADUATE DOCTORS AT THE UNIVERSITY OF NIGERIA TEACHING HOSPITAL, ENUGU

Productivité de la recherche et défis associés chez les médecins postuniversitaires à l'Hôpital Universitaire de l'Université du Nigeria, Enugu

*Iwuagwu Angela, Uzochukwu Benjamin

Background: Continuous evidence-based research is crucial in medical education, guiding clinical practice and informing healthcare policy. It is a core pillar of postgraduate academia. Despite the need to generate and disseminate quality scientific evidence, there is a significant disparity in research engagement and publication rates, with a small fraction of scholars contributing the majority of publications. This imbalance is particularly evident in regions like Nigeria, where health research output and its translation into policy fall short of expectations.

Aim: This study aimed to assess research engagement, and productivity, and to identify associated factors and challenges influencing publication among postgraduate doctors at the University of Nigeria Teaching Hospital (UNTH), Enugu, Nigeria.

Methodology: A cross-sectional descriptive study involving 241 postgraduate doctors affiliated with UNTH was conducted. Data were collected using a quantitative electronic self-administered survey tool, which gathered information on participants' sociodemographic profiles, research activities, factors enabling publication success, and encountered challenges. Data analysis was performed using SPSS Version 23.0, with Pearson correlation employed to examine associations between research productivity and variables such as age, years of academic experience, and professional level.

Results: The findings revealed that 88.4% of respondents had engaged in research, but only 54.9% had successfully published their work. Significant barriers to research productivity included time constraints, poor mentorship, inadequate funding, and insufficient research writing skills., poor institutional support and infrastructures. Positive correlations were observed between research output and factors like age, professional experience, and years in academia, indicating that seniority positively influences research productivity.

Conclusion: This study highlights the need for improved mentorship, grant-writing support, and institutional resources to enhance research productivity among postgraduate doctors in Nigeria.

Keywords: Research engagement, Productivity, Postgraduate doctors, Barriers, Mentorship, Nigeria, Healthcare policy, Academic experience.

A15

DETERMINANTS OF RISKY SEXUAL PRACTICES AND ACCESS TO SEXUAL REPRODUCTIVE SERVICES AMONG ADOLESCENTS IN SECONDARY SCHOOLS IN URBAN AND RURAL AREAS OF ENUGU STATE NIGERIA

Déterminants des pratiques sexuelles à risque et accès aux services de santé reproductive chez les adolescents dans les écoles secondaires des zones urbaines et rurales de l'État d'Enugu, Nigeria

Iwuagwu Angela , Uzochukwu Benjamin

Background: Adolescent risky sexual behaviors in Nigeria pose significant public health challenges, including unplanned pregnancies, unsafe abortions, and sexually transmitted infections (STIs). Understanding the determinants of these behaviors in urban and rural contexts is crucial for effective intervention development.

Objective: This study explored the determinants of risky sexual behaviors and access to adolescent reproductive health services (ARHS) among in-school adolescents in Enugu State, Nigeria.

Methods: A descriptive cross-sectional design with mixed methods was utilized, involving 880 adolescents aged 10-19 years from eight schools (four urban, four rural) for quantitative analysis and 80 adolescents for qualitative analysis. Data were gathered through self-administered questionnaires and focus group discussions (FGDs). Statistical analyses included descriptive statistics, chi-square tests, and logistic regression with a significance level of $p<0.05$.

Results: Among respondents, 420 (47.7%) reported being sexually active, with similar figures in urban (212; 48.2%) and rural (208; 47.3%) areas. The mean age for the sexual debut was identical across groups: 14.62 years (SD 1.768). The majority (85.5%) had multiple sexual partners. Condom use was low in both groups: 18.9% in urban and 9.6% in rural areas. Almost half of both groups (46.2% urban, 49.0% rural) never used condoms. Substance use was strongly associated with risky sexual practices, particularly alcohol, followed by marijuana and cigarettes. Notably, 86% of adolescents who used substances before sex did not use condoms, and 47% reported forced sex. Key determinants of risky behavior included poverty, peer pressure, and poor parental supervision. Access to ARHS was limited, with concerns about stigma and confidentiality; 57.7% lacked access, with rural adolescents facing poorer access (66.3%) than their urban counterparts (47.5%).

Conclusion: The study underscores the need for increased awareness, parental involvement, and targeted interventions to improve ARHS access and reduce risky sexual behaviors among adolescents in Enugu State.

Keywords: Adolescents, Risky sexual behaviors, Substance use, Enugu State, Reproductive health services, Nigeria.

A16

PREVALENCE AND INFLUENCING FACTORS OF TYPE 2 DIABETES AMONG OBESE PATIENTS (DIABESITY) AMONG PATIENTS ATTENDING SELECTED HEALTHCARE FACILITIES IN CALABAR, NIGERIA: A MIXED METHOD STUDY

Prévalence et facteurs influençant le diabète de type 2 chez les patients obèses (diabésité) fréquentant des établissements de santé sélectionnés à Calabar, Nigeria : une étude par méthode mixte

A. J. Atangwh, U. E. Asibong, I. J. Atangwho, N. E. Udonwa

Background: Diabesity, a syndrome characterised by the co-occurrence of diabetes and obesity in a single patient, has emerged as a significant challenge in the medical field, reaching epidemic proportions in certain regions.

Aim/Objectives: This study aims to ascertain the prevalence and influencing factors of diabesity among adult patients visiting the General Outpatient clinic of three government healthcare facilities in Calabar, Nigeria. The objective is to enhance healthcare delivery to at-risk patients.

Methods: A cross-sectional descriptive study design incorporating a mixed method approach, including quantitative and qualitative components such as Focused Group Discussions (FGD) and Key Informant Interviews (KII), was employed. The study population consisted of 190 participants aged 18 to 72 years with a body mass index (BMI) of $\geqslant 30kg/m^2$, selected using a systematic random sampling technique and analysed using SPSS and Atlas.ti.

Results: Sociodemographic variables indicated that the highest number of respondents fell within the 35-44 years (37.3%), with 83.7% being female and 76.8% married. Furthermore, 65.8% were classified as having class 1 obesity, while only 38% self-identified as obese. The occurrence of diabesity was found to be 12.6% (i.e., BMI $\geqslant 30$ vs. FBS $\geqslant 7.0$), with 38% of cases being previously undiagnosed. Qualitative assessment through KIIs and FGDs revealed that unhealthy diets and lack of exercise were major contributing factors to diabesity.

Conclusion: This study has disclosed a 12.6% occurrence of diabesity within the study population, with 38% of cases being previously undiagnosed. Unhealthy diets, snacking, and lack of exercise were identified as significant indicators of diabesity.

Keywords: Influence, Prevalence, Diabesity, Obese patients

A17

EFFECT OF FOLLOW-UP OF ASTHMATIC CHILDREN IN PNEUMOPEDIATRICS ON DISEASE CONTROL

Effet du suivi des enfants asthmatiques en pneumopédiatrie sur le contrôle de la maladie

[1,2]*A. Yakoubou, [1]O. Ladipo, [1]G. Fagnon, [2]G. G. Sagbo

[1]*Pediatric service, mother and child teaching hospital Lagune, Cotonou, Benin.* [2]*Pediatrics and Medical Genetics Unit, Faculty of Health Sciences, Cotonou, Benin.*

Corresponding author: YAKOUBOU Annatou 06 BP 2265 Cotonou, Bénin. E-mail: annatouy@hotmail.com

Introduction: the pneumopediatrics consultation started at CHU-MEL in 2018; follow-up of asthmatic children is a major focus.

Objective: to assess the impact of follow-up on asthma disease control.

Method: This was a prospective cohort study with descriptive and analytical aims from October 2019 to October 2021. All children between three and seventeen years old with a confirmed diagnosis of asthma were included. Those lost to follow-up after the first consultation were excluded and the presence of another associated respiratory or cardiac pathology was also a non-inclusion criterion. GINA 2019 recommendations were used as a reference.

Results: Over the study period, 47 children were included, aged between three and twelve years. The age group most represented at the start of follow-up was under six, with a sex ratio of 0.88. According to the GINA classification, 53.19% of patients had moderate persistent asthma. The majority of children were receiving GINA 2019 level 3 background therapy. Evaluated in 31 patients, follow-up was regular in 22 and asthma was controlled in 16 patients, eight of whom were partly controlled. Factors associated with asthma control were parental history of asthma ($p=0.021$), regularity of follow-up ($p=0.002$), and compliance with background treatment ($p=0.009$).

Conclusion: follow-up of children with asthma in the pneumopediatrics (paediatric respirology) department is most likely to have a positive effect on disease control. Patient retention needs to be improved.

Keywords: childhood asthma, follow-up of asthmatic children, asthma disease control

Conflict of interest: the authors declare no conflict of interest.

A18

IMPACT OF BRIEF PSYCHO-EDUCATION ON CAREGIVER BURDEN AMONG CAREGIVERS OF CHILDREN AND ADOLESCENTS WITH INTELLECTUAL DISABILITY IN A NIGERIAN PSYCHIATRIC HOSPITAL: A RANDOMIZED CONTROL TRIAL

Impact de la psychoéducation brève sur le fardeau des soignants auprès des enfants et adolescents ayant une déficience intellectuelle dans un hôpital psychiatrique au Nigeria : un essai contrôlé randomisé

[1]A. Archibong, [1]I. Agbonile, [1]B. Uteh, [2]J. Omoaregba, [3]S. Awhangansi

[1]*Federal NeuroPsychiatric Hospital, Benin City, Nigeria.*
[2]*Logan Hospital | Metro South Health Cnr of Armstrong & Loganlea Rds, Meadowbrook QLD 4131, Australia.*
[3]*Leicestershire Partnership NHS Trust*
Corresponding authors email: eka_56@yahoo.com

Introduction: The effectiveness of Brief Psycho-education (BPE) is well established among caregivers of adults with mental disorders, this is however not the case among caregivers of children and adolescents with Intellectual disability (ID) due to the dearth of data occasioned by relatively few studies in the area.

Objective: This study assessed the impact of BPE on Caregiver burden (CB) among caregivers of children and adolescents with ID.

Methodology: A single-blind RCT was conducted in the Child and Adolescent Clinic in the Psychiatric Hospital, Benin City. Randomization was done via a central computer system and group allocation via a third party. Family caregivers (n=58) were randomly assigned to intervention (n=29) and control (n=29) groups. Intervention and follow-up periods were 4 weeks each. Weekly BPE in addition to routine care (RC) was administered to the intervention group. The primary analysis was based on 58 participants (n=29; n=29) comparing CB in the two groups at the 4th week and 8th week post-intervention.

Results: Mean follow-up post-intervention showed a significant reduction in overall CB in the intervention group between 0 and 4th week (mean deviation 6.76, $p=0.03$) as well as, 4th and 8th week (mean deviation 12.35, $p<0.001$). For the CB dimensions, mean follow-up scores post-intervention reached a significant reduction in the 8th week for financial/physical strain factor (mean deviation 1.8, $p=0.02$), time/dependence strain factor (mean deviation 2.4, $p<0.001$), emotional strain factor (mean deviation 1.3, $p<0001$), uncertainty factor (mean deviation 1.45, $p=0.004$) and self-criticism factor (mean deviation 1.19, $p<0.001$).

Conclusion: BPE was superior to routine care in reducing CB among caregivers of Children and Adolescents with Intellectual disability.

Keywords: Psycho-education, Caregiver burden, Intellectual disability

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A19

EXPLORING THE CORRELATION BETWEEN BLOOD PRESSURE AND OTHER VARIABLES AMONG JOURNALISTS: A CROSS-SECTIONAL STUDY

Exploration de la corrélation entre la pression artérielle et d'autres variables chez les journalistes : une étude transversale

[1]*B. A. Alalade*, [1]*A. E. Adegoke*, [1]*G. J. Alabi*, [1]*O. S. Ikuseedun*, [1]*N. A. Azubuike*

[1]*Department of Internal Medicine, Federal Medical Centre, Abeokuta*

Introduction/Background: Hypertension is a worldwide epidemic, and the prevalence in the black population is more compared to the Caucasians. Globally, an estimated 26% of the world's population has hypertension, and the prevalence is expected to increase to 29% by 2025 (Patricia M et al, 2005). While females have a lower prevalence of hypertension until the 5th decade of life. It should be noted that the prevalence of hypertension is increased in females compared to males afterward.

Objectives: This study aims to investigate the relationship between blood pressure and other variables (glucose level, pulse rate, glucose level) among journalists, considering the potential impact of occupational stress, irregular work hours, and lifestyle factors on these health indicators.

Methods: The study was conducted among 37 journalists randomly selected from the Ogun State Television (OGTV) Commission. Criteria for inclusion included being a worker of OGTV and being able to communicate fluently in English. A questionnaire was administered to gather the sociodemographic information of the participants, and their pulse rate, blood pressure, and fasting blood sugar were measured and recorded. The JNC 7 was used as the criteria for the staging of hypertension, and the WHO criteria were used for diabetes. The data was cleaned, entered, and analysed using Statistical Package for Social Sciences. Univariate analysis: Categorical variables were summarized using frequency and percentages. Bivariate analysis: Chi-Square test was used. The level of significance was set at p-value < 0.05.

Results: 73% of the participants were middle-aged. 67.6% of them were male. A very few percent (18.9%) of the workers have normal blood pressure, 32.4% of them are in the pre-hypertensive category while about half of them (48.4%) are hypertensive. Only one participant (6.25%) had elevated FBS. Only age groups show a significant association with hypertension, 16 out of 18 participants within the middle age groups which accounts for 88.9% were hypertensive, this shows that there is strong association between increasing age and hypertension (P=0.034*).

Conclusion: This study reveals a significant prevalence of hypertension among journalists in the study location, aiding in the understanding of the unique health challenges faced by journalists, particularly regarding cardiovascular and metabolic health. In light of these findings, targeted health interventions, policies, and workplace wellness programs aimed at improving the overall health and well-being of journalists should be implemented.

Reference: Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. Lancet. 2005 Jan 16;365(9455):217-23.

Keywords: Blood pressure, Prevalence, Hypertension, Journalists.

A20

BABY STEPS IN ARTIFICIAL INTELLIGENCE: DEVELOPMENT OF A JOS CARDIOVASCULAR DISEASE RISK APP TO IMPROVE SCREENING FOR CARDIOVASCULAR DISEASES

Premiers Pas dans l'Intelligence Artificielle: Développement d'une Application pour le Risque de Maladies Cardiovasculaires à Jos afin d'Améliorer le Dépistage des Maladies Cardiovasculaires

[1]*A. Sirisena*, [2]*N. Gurumdimma*, [2]*D. Oguche*, [3]***B. Okeahialam*

[1]*Department of Radiology, Jos University Teaching Hospital, Jos.* [2]*Department of Computer Science, University of Jos, Jos*
[3]*Department of Medicine, University of Jos/Jos University Teaching Hospital, Jos. Email: basokeam@yahoo.com*

Introduction/Background: Assessing cardiovascular disease (CVD) risk is necessary in preventive cardiology. Studies have imputed CVD risk factors in algorithms to predict ASCVD. These various scores were derived from risk equations acquired from other populations. In our research, we found that abdominal height measured with our locally conceptualized appliance the Abdominometer predicted ASCVD better than established anthropometric indices.

Objectives: We, therefore, decided to build it into a risk equation and come up with a new algorithm that will not require data generated from invasive procedures

Methods: We secondarily analysed our data and generated an algorithm utilizing 10 risk factors: one of which was our new anthropometric index of abdominal height (AH). Using

the CIMT as a standard with a cut of value of ≥0.078 cm for high atherosclerotic risk we compared our new tool with the Framingham Risk Score (FRS).

Results: With our new algorithm, 24/221 (10.9%) were at high risk with 109 and 88 at low and intermediate risks respectively. Using the FRS, 218/221 were at low risk; only 3 being in the intermediate and high risk. Both risk algorithms correlated significantly with CIMT-determined risk but the correlation coefficient was more for the new (0.448) than the FRS (0.300).

Conclusions: We found that with sub-clinical atherosclerosis indexed by carotid intima-media thickness as standard, our new Jos App as well as the Framingham Risk score correlated positively and significantly. However, interestingly the level of correlation was higher with our new risk estimation App. We have input this into smart devices for pilot clinical studies.

Keywords: Artificial intelligence, Cardiovascular risk app, Screening.

A21

NUTRITIONAL KNOWLEDGE AND NUTRITIONAL STATUS OF DIABETIC PATIENTS IN SECONDARY HEALTH FACILITIES, KADUNA METROPOLIS, NIGERIA

Connaissances Nutritionnelles et État Nutritionnel des Patients Diabétiques dans les Établissements de Santé Secondaires de la Métropole de Kaduna, Nigeria

[1]*B. Usman, [2]O. D. Agbale, [3]C. E. Esekhaigbe, [1]N. O. Usman, [4]B. Bello-Ovosi, [4]A. B. Abubakar

[1]Department of Community Medicine, Faculty of Clinical Sciences, College of Medicine, Kaduna State University, Nigeria.
[2]College of Medicine Kaduna State University, Nigeria.
[3]Department of Community Medicine, Federal University Lokoja, Kogi state, Nigeria. [4]Department of Medicine, Faculty of clinical sciences, Kaduna State University Kaduna state, Nigeria.
Correspondence: bilkisuusman79@gmail.com

Background: Diabetes mellitus is a metabolic disorder characterized by chronic hyperglycemia from deficiencies in insulin secretion, action, or both. It reduces the quality of life and life expectancy of patients[26]. Research shows that adequate nutritional knowledge and good nutritional status have a huge role in reducing its risk. The nutritional status of an individual is influenced by food intake and physical health[8].

Objectives: 1. To assess the nutritional knowledge among diabetics in secondary health facilities (SHF), Kaduna metropolis. 2. To assess the nutritional status among diabetic patients in SHF, Kaduna metropolis.

Methodology: A cross-sectional descriptive study was carried out with a multistage sampling technique among 184 respondents. Nutritional knowledge and Body mass index (BMI) were assessed. IBM SPSS (Version 26) was used for data analysis. Results were presented using frequency tables and charts; Chi-square/ Fisher's exact test were used to assess the relationship between dependent and independent variables (level of significance set at p<0.05).

Result: The mean age was 57.3 ± 12.67 years. Only 25.5% had good nutritional knowledge while 73.9% had fair knowledge. Normal BMI was found in 36.1%, and overweight and obesity were found in 39.1% and 19.5% respectively. There was no statistically significant relationship between the BMI and the nutritional knowledge. (p = 0.876).

Conclusion: Only about a quarter of the respondents had good nutritional knowledge; more than half of the respondents were found to be either overweight or obese. Thus, there should be concerted efforts to address the gap in the nutritional knowledge of diabetic patients.

Keywords: Nutritional, Knowledge, Status, Diabetic

Conflict of interest: NIL

A22

IMPERATIVE OF SPIRITUALITY HISTORY IN CLINICAL PRACTICE, A PRIMARY CARE PERSPECTIVE; IN THE DEPARTMENT OF FAMILY MEDICINE, RIVERS STATE UNIVERSITY TEACHING HOSPITAL, PORT HARCOURT

Impératif de l'Histoire de la Spiritualité dans la Pratique Clinique, une Perspective des Soins Primaires; dans le Département de Médecine Familiale de l'Hôpital Universitaire d'État de Rivers, à Port Harcourt

[1]*P. K. Biralo,[1]N. O. Nnadi, [2]O. Ogunfowokan, [3]A. O. Obodoegbulam,[1]N. Okocha, [1]O. Titi

[1]Department of Family Medicine, Rivers State University Teaching Hospital, (RSUTH), Port Harcourt, Rivers State.
[2]Department of Family Medicine National Hospital Abuja.[3]Department of Religious and Cultural Studies, Ignatius University of Education, Port Harcourt, Rivers State.
Corresponding email: biralopaul@yahoomail.com 08187323181

Cultural practices and spirituality militate against effective utilization of healthcare facilities in Sub-Saharan Africa, especially in primary care settings. Spirituality history in clinical practice will help the health professional understand patients' values, religious beliefs, cultural practices, and preferences. It gives insight into proper counseling, and appropriate treatment and serves as an adjuvant to necessary therapeutic approaches. Family and social history have been

a recognized feature of clerking patients over the years but effort is hardly been made in exploring their cultural practices and spirituality. This study aimed to Identify attitudes, socio-demographic, and professional predictors towards spirituality history in the management of patients at the Family Medicine department in Rivers State University Teaching Hospital. It was a cross-sectional study conducted over a period of six months, from January to June 2024. Out of 62 participants, 60 fully responded. The data from the questionnaire were entered into an Excel spreadsheet and analyzed using SPSS version 16.

The respondents consisted of physicians (n, 55%), nurses (n, 8.3%), and Industrial Training (IT) Students (n, 36.7%). Health professionals within the age bracket of 45 -54 years and above were well willing to take spiritual history as against those within 18 – 24years age group. Consultant physicians, senior registrars, and nurses with higher years of practice, exposure, and experience in service had a more positive attitude towards spirituality history than the younger ones. Spirituality history in clinical practice will make healthcare culturally acceptable with an increase in the utilization of available healthcare facilities. Training of health professionals in this regard is hereby advocated.

Keywords: Spirituality history, Clinical practice, Primary care

A23

RELATIONSHIP BETWEEN HOUSEHOLD FOOD INSECURITY AND NUTRITIONAL STATUS OF CHILDREN AGED 6-59 MONTHS IN YENAGOA LOCAL GOVERNMENT AREA, BAYELSA STATE, NIGERIA

Relation entre l'Insécurité Alimentaire des Ménages et l'État Nutritionnel des Enfants Âgés de 6 à 59 Mois dans la Zone de Gouvernement Local de Yenagoa, État de Bayelsa, Nigeria

[1]B. U. Ezeh, [2]C. O. Duru, [3]A. R. Nte,

[1]Federal Medical Centre, Yenagoa, Bayelsa State, Nigeria
[2]Niger Delta University Teaching Hospital, Okolobiri, Bayelsa State, Nigeria. [3]University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State.

Background: Household Food Insecurity (HFI) is closely linked with nutritional status. The Global Report on Food Crises 2019 reported more than 113 million people face food insecurity hence the need to address Food insecurity in line with Sustainable Development Goal 2 which seeks to achieve food security and improve nutrition by 2030.

Objectives: To determine the prevalence of HFI, compare the nutritional status of children aged 6-59 months in food-secure and food-insecure households, and determine the predictors of malnutrition in food-insecure households in Yenagoa LGA, Bayelsa State.

Method: This cross -sectional study recruited 600 participants over three months (December 2022-February 2023) using a multi-stage sampling technique. An interviewer-administered questionnaire with questions on HFI adapted from the Household Food Insecurity Access Scale was used for data collection.

Data analysis employed SPSS version 25 with a p-value ≤ 0.05 considered significant.

Results: The prevalence of HFI was 81.5%. A significantly higher prevalence of malnutrition was recorded among children in food-insecure (28.4%) compared to those in food-secure (13.5%) households (p=0.001). The predictors of malnutrition in food-insecure households were the mother's level of education (p=0.001), children's vaccination status (p=0.001), number of children in the household (p=0.010), hand hygiene (p=0.048), wealth index (p=0.010), age of the child(p=0.004) and presence of fever in the preceding two weeks to the study(p=0.005).

Conclusion: Because household food insecurity contributes significantly to malnutrition among children aged 6-59 months, the study recommends institutionalization of efforts to improve HFI through nutrition-specific and sensitive interventions.

Keywords: Food insecurity, Nutritional status, Children 6 - 59 months

A24

MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDERS (OUDS): OPINION AND EXPERIENCES OF SUBSTANCE USE PROFESSIONALS (SUPS) IN NIGERIA

Traitement Assisté par Médicament (TAM) pour les Troubles Liés à l'Usage des Opioïdes (TUO) : Opinions et Expériences des Professionnels de la Lutte contre les Substances en Nigeria

[1,2]*B. E. A. Uteh, [1,2]J. O. Ariyo, [1]B. O. James, [3]I. A. Mshelia, [4,5]K. M. Okonoda, [6]H. B. Salihu, [7]A. E. Esangbedo, [8]A. O. Orovwigho

[1]Nigeria International Technology Transfer Centre (Nigeria ITTC), [2]Federal Neuropsychiatric Hospital, Benin City, Nigeria. [3]Federal Neuropsychiatric Hospital Maiduguri, Nigeria. [4]Department of Psychiatry, University of Jos, Plateau State, Nigeria. [5]Netwealth Centre for Addiction Management and Psychological Medicine, Jos, Plateau State, Nigeria. [6]Federal Neuropsychiatric Hospital Kaduna, Nigeria. [7]Federal

Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. [8]Federal Neuropsychiatric Hospital Enugu, Nigeria.
Corresponding author's email: utehb@yahoo.com

Background: Rates of drug use in Nigeria are one of the highest globally, with the use of opioids associated with increased morbidity and mortality more so with injecting drug users (IDU). Medication-assisted treatment (MAT) can reduce the harmful effects of opioid use but usage in the country is low despite a country-specific guideline in place. A notable barrier to MAT uptake is professionals' knowledge and attitudes. This study aimed to evidence the opinions of Substance use professionals (SUPs) in Nigeria regarding MAT.

Objective: To ascertain the opinions of SUPs in Nigeria regarding MAT prescriptions for opioid dependence

Methods: An online Google form was developed by the researchers to assess knowledge and attitudes towards MAT. This form was circulated among SUPs across the six geo-political zones and the Federal capital territory in Nigeria.

Results: Three hundred and twenty-nine professionals completed the questionnaire. Most were medical doctors (53.8%) and worked in the public sector (89%). Average work experience was 11 years and respondents estimated that nearly 1 in 10 OUD patients they cared for were IDU. A majority (85.7%) endorsed the need for MAT in Nigeria, though had no previous experience (65.3%), training (74.2%), or knowledge of existing guidelines (68.7%). Over half (55%) endorsed a preference for the availability of buprenorphine and methadone. Most endorsed positive attitudes towards MAT prescriptions.

Conclusion: Substance use professionals endorsed positive attitudes towards MAT for OUDs and its rollout in Nigeria. Awareness of published guidelines and training are unmet needs arising from this study.

Keywords: Opioid use, Medication Assisted Treatment (MAT), Substance Use Professionals (SUPS)

Harcourt, Nigeria.
Corresponding Author: Carol Beregha Joseph. Tel: +2348033306146, Email: josecarol460@gmail.com

Background: The informal labour sector is laden with peculiar dietary and lifestyle behaviours which affect their nutritional status, and commercial drivers are not an exception. Therefore, this study was designed to assess the nutritional knowledge, dietary habits, and anthropometric status of commercial drivers.

Methods: The study used a descriptive cross-sectional design and a multi-stage sampling to recruit 220 respondents. A validated structured self-administered questionnaire was used to collect data. Anthropometric and physical activity levels were measured and categorized using the appropriate procedures and reference standards. Analyses were done using IBM SPSS version 23.

Results: Results revealed that selected commercial drivers were mainly young adults, Christians, married, earn between ₦50,000 to ₦100,000 with secondary education. The prevalence of good knowledge was considerably low while the bulk of them had poor knowledge of nutrition. Waist circumference and waist-hip-ratio measurement revealed that most respondents were at low risk of obesity and other metabolic diseases. A significant relationship exists between the nutrition knowledge of the respondents and dietary habits. Physical activity level had an inverse association with the BMI values of the respondents.

Conclusion: The respondents had low nutrition knowledge, poor dietary habits, low physical activity and high body mass index which are significantly interlinked. Thus, efforts to promote healthy dietary habits and physical activity engagement of the respondents through enhanced nutrition education efforts and improved quality of street food environment and creative sports events for these groups should be encouraged.

Keywords: Dietary habits, Commercial drivers, Yenagoa.

A25

DIETARY HABITS, NUTRITIONAL KNOWLEDGE AND ANTHROPOMETRIC STATUS OF LONG-DISTANCE COMMERCIAL DRIVERS IN YENAGOA, BAYELSA STATE

Habitudes Alimentaires, Connaissances Nutritionnelles et Statut Anthropométrique des Chauffeurs Commerciaux Longue Distance à Yenagoa, État de Bayelsa

[1]O. A. Kio-Mikietuoniso, [1,2]*C. B. Joseph

[1]*Department of Public Health Nutrition, School of Public Health, University of Port Harcourt, Nigeria.*
[2]*Rivers State Primary Healthcare Management Board, Port*

A26

DISCLOSURE AND COPING WITH INTIMATE PARTNER VIOLENCE IN PREGNANCY: A QUANDARY

Divulgation et Gestion de la Violence Conjugale pendant la Grossesse : Une Impasse

[1]*Chiejine Gibson Ifechukwude, [1]Nkiru Ezeama, [2]Ebima Clifford Okundaye, [3]Egbe Enobakhare, [1]Emelemadu Obiageli, [1]Ajator Chioma, [1]Okeke Irene Uju*

[1]*Department of Community Medicine, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. [2]University of Houston, Texas, United States of America. [3]Harvards Medical*

School, Boston, Massachusetts. United States of America.
Correspondence: Chiejine Gibson, Email: drgib2002@gmail.com

Background: Intimate partner violence (IPV) in pregnancy is a very serious and ubiquitous problem, with severe consequences for both the mother and the unborn child. Understanding the dynamics of disclosure and coping strategies employed by pregnant women facing IPV is crucial for developing effective interventions and facilitating positive maternal and foetal outcomes.

Aim: The study investigated the disclosure pattern and coping strategies of Antenatal attendees who experienced intimate partner violence

Methods: The study was descriptive cross-sectional with in-depth interviews (IDIs) conducted among 400 respondents at the Ante-Natal clinics of Nnamdi Azikiwe University Teaching Hospital

Results: The overall prevalence of IPV in pregnancy was 27.3%. Among the respondents who experienced IPV, 53.4% (86) did not report it to anybody. Among those that reported, 29.3% reported to health workers, 20.0% reported to their parents/siblings 19.0% committed their spouse to God by praying; 74.3% said they are coping fine; 13.3% said they are managing to cope and 5.7% find it stressful coping with IPV.

In the IDIs, 5 of the participants reported to their parents, siblings, and pastors. Three of the participants reported to in-laws. Twelve of the participants did not tell anybody but prayed to God

Conclusion: Awareness creation, screening of pregnant women, the political will, and appropriate interventions will help in reducing the menace of IPV in pregnancy. This cannot be achieved if reporting and disclosure of IPV by victims to the appropriate venue is not instituted.

Keywords: Antenatal attendee, pregnancy, disclosure, Intimate partner violence pregnant women

Competing interests: The authors declare that they have no competing interests.

A27

INTIMATE PARTNER VIOLENCE IN PREGNANCY: A UNIVERSAL HEALTH IMPEDIMENT

Violence Conjugale pendant la Grossesse : Un Frein Universel à la Santé

[1]***Chiejine Gibson Ifechukwude,** [1]*Nkiru Ezeama,* [2]*Ebima Clifford Okundaye,* [3]*Egbe Enobakhare,* [1]*Ajator Chioma,* [1]*Okeke Irene Uju*

[1]*Department of Community Medicine, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.* [2] *University of*

Houston, Texas, United States of America. [3]*Harvards Medical School, Boston, Massachusetts. United States of America.*
Correspondence: Chiejine Gibson, Email: drgib2002@gmail.com

Background: Intimate partner violence in pregnancy is a hidden global pandemic, a hindrance to universal health. It interferes with the Sustainable Development Goals 3 and 5.

Objective: This study investigated the prevalence and factors contributing to intimate partner violence in pregnancy (IPVP) among antenatal attendees in a tertiary health facility in Anambra state.

Method: The study was a facility-based descriptive cross-sectional study conducted among 400 respondents at the Ante-Natal clinics of Nnamdi Azikiwe University Teaching Hospital.

Results: The mean age of respondents was 30.0 years (±5.3). The overall prevalence of IPVP was 27.3%. The prevalence of psychological, controlling behaviours, physical and sexual IPV were 17.0%, 16.0%, 5.3%, and 1.0% respectively. The factors associated with IPVP were experiencing IPV before pregnancy (OR:21.354, 95%CI:7.329-63.077, P = 0.0001), the educational status of the partner (OR: 4.429; 95%Cl:1.616-12.136; P=0.009), justifying husband to beat spouse if she offends him (OR:4.376, 95% CI:1.737-11.024, P <0.001), witnessed IPV during childhood or adolescence (OR:2.311, 95% CI:1.439-3.711, P <0.001).

Conclusion: Creating awareness, screening of pregnant women, and effective interventions will reduce IPV in pregnancy.

Competing interests: The authors declare that they have no competing interests.

Keywords: Intimate partner violence, Pregnancy, Health impairment.

A28

DISCLOSURE AND COPING WITH INTIMATE PARTNER VIOLENCE IN PREGNANCY: A CULTURAL DILEMMA

Divulgation et Gestion de la Violence Conjugale pendant la Grossesse : Un Dilemme Culturel

[1]***Chiejine Gibson Ifechukwude,** [1]*Nkiru Ezeama,* [2]*Ebima Clifford Okundaye,* [3]*Egbe Enobakhare,*[1]*Emelemadu Obiageli,* [1]*Ajator Chioma,* [1]*Okeke Irene Uju*

[1]*Department of Community Medicine, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.* [2] *University of Houston, Texas, United States of America.* [3]*Harvards Medical School, Boston, Massachusetts. United States of America.*
Correspondence: Chiejine Gibson, Email: drgib2002@gmail.com

Background: Intimate partner violence in pregnancy (IPVP) is a serious and ubiquitous problem with cultural roots that

have severe consequences on both the mother and the unborn child, and affects the general population's well-being. Understanding the dynamics of disclosure and coping strategies employed by pregnant women facing IPV is crucial for developing effective interventions and facilitating positive maternal and foetal outcomes.

Objective: The study investigated the disclosure pattern and coping strategies of Antenatal attendees who experienced IPVP.

Methods: The study was descriptive cross-sectional with mixed method data collection conducted among 400 antenatal attendees at the Ante-Natal clinics of the Nnamdi Azikiwe University Teaching Hospital. In-depth interviews were conducted among 20 antenatal attendees that experienced IPVP

Results: The overall prevalence of IPV in pregnancy was 27.3%. Among the respondents who experienced IPV, 53.4% did not report it to anybody. Among those that reported, 29.3% reported to health workers, 20.0% reported to their parents/siblings 19.0% committed their spouse to God by praying; 74.3% said they are coping fine; 13.3% said they are managing to cope and 5.7% find it stressful coping with IPVP. Among the 20 respondents in the in-depth interviews, 25% of respondents reported to their parents, sibling, and pastors; 3% reported to in-laws and 60% did not disclose to anybody but prayed to God

Conclusion: Awareness creation, screening of pregnant women for IPVP, the political will and effective interventions will ameliorate IPVP. This cannot be achieved without proper reporting or disclosure for intervention.

Competing interests: The authors declare that they have no competing interests.

Keywords: Intimate partner, Disclosure and Coping, Violence in pregnancy

Background: Developmental delays in children are often missed during routine medical visits, leading to long-term consequences if undetected. The Children's Emergency Room (CHER) offers a unique opportunity for early screening, serving as a frequent contact point for families. This study aimed to assess the developmental profiles of children presenting to CHER at NAUTH, Nnewi, Anambra State, Nigeria, emphasizing the need for early intervention.

Methods: In this cross-sectional, mixed-methods study, children aged 0-5.5 years presenting to CHER over one month were screened using the Ages and Stages Questionnaire (ASQ-3). Data analysis was conducted using STATA 16.0, and children with identified developmental delays were referred to the Developmental and Behavioural Paediatrics (DBP) clinic. Interviews with healthcare providers and caregivers explored the feasibility of implementing routine screening in CHER.

Results: Out of 34 children screened, 55.9% (19/34) displayed developmental delays, with problem-solving and fine motor skills being the most affected (29.4% each). Global developmental delay was identified in 32.4% (11/34). Female children had significantly higher communication delays than males (29.4% vs. 0%, p=0.044). Sixty percent of healthcare providers believed screening would be feasible with additional training and resources.

Conclusion: The high prevalence of developmental delays, particularly in girls' communication skills, highlights the need for early detection. With adequate training and resources, integrating developmental screening into CHER could significantly enhance early intervention efforts and address the unmet needs of children in resource-limited settings.

Keywords: Developmental screening, Children's Emergency Room, Anambra State, Nigeria

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A29

POINT-OF-CARE DEVELOPMENTAL SCREENING IN THE CHILDREN'S EMERGENCY ROOM: A PRELIMINARY REPORT

Dépistage du Développement au Point de Soins dans la Salle d'Urgence Pédiatrique : Rapport Préliminaire

[1,2]*C. N. P Mbachu, [2]N. L. Nwibo, [2]C. L. Onyejiaka, [2]C. P. Umeugoji, [2]C. V. Ele, [2]S. C. Nnorum, [1,2]S. K. Onah, [2]N. G. Obichukwu, [2]C. C. Ezechukw, [1,2]J. C. Ebenebe

[1]Department of Paediatrics, Nnamdi Azikiwe University, Anambra state, Nigeria. [2]Department of Paediatrics, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra state, Nigeria.

Correspondence: chiomambachu121417@gmail.com

A30

COMPARISON OF ACUTE HAEMORRHAGIC AND ACUTE ISCHAEMIC STROKE IN A TERTIARY HOSPITAL AT ABAKALIKI, NIGERIA: A RETROSPECTIVE STUDY

Comparaison des AVC Hémorragiques Aigus et des AVC Ischémiques Aigus dans un Hôpital Tertiaire à Abakaliki, Nigeria : Une Étude Rétrospective

[1,2]*C. O. Eze, [1]F. C. Okoro

[1]Internal Medicine Department, Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), Ebonyi State, Nigeria. [2]Internal Medicine Department, Trinity Group Specialist Hospital, Abakaliki, Ebonyi State, Nigeria

Corresponding author: EZE C. O. E-mail: drezeconauth@yahoo.com, Tel: 2347033432117

Background: Stroke is a neurological emergency with high prevalence, especially in developing countries where it assumes an epidemic proportion. It is globally the second most common cause of death after ischemic heart disease, and it is projected to remain so by 2030. It had a global prevalence of 1,300.6 per 100,000 people in 2017.

Objectives: This study compared the socio-demographic, clinical and laboratory characteristics of acute Haemorrhagic and Ischaemic stroke patients managed over nine years in a private tertiary hospital in Abakaliki, Nigeria.

Methods: This is a Retrospective and comparative Hospital-based study conducted at a tertiary hospital in Abakaliki Nigeria from January 2014 to December 2022. Relevant data were retrieved from the case notes and the sociodemographic, clinical, and laboratory parameters of Haemorrhagic stroke victims were compared with that of Ischaemic stroke patients.

Results: Out of the 172 (males- 56.98%, females- 43.02%) patients that fulfilled the inclusion criteria, 53 (30.81%) had a Haemorrhagic stroke while 119 (69.19%) had an ischemic stroke. The overall admission mortality rate was 15%, and it was more preponderant among Haemorrhagic stroke victims. Haemorrhagic stroke was statistically associated with admitting hyperglycaemia, anaemia, hypercholesterolemia, neutrophilic leucocytosis, hypernatremia, alteration in consciousness, low educational attainment, and higher mortality.

Conclusions: Haemorrhagic stroke is more prevalent among female folks, and it is associated with higher morbidity and mortality. There is a need for a grassroots stroke awareness campaign amongst the populace to ensure prompt stroke symptom recognition and early presentation.

Keywords: Retrospective study, Comparative study, Hospital-based study, Haemorrhagic stroke, Ischemic stroke

Conflicts of interest: The author declares no conflict of interest

A31

GLOBAL LONGITUDINAL LEFT VENTRICULAR STRAIN AND ITS CORRELATES IN BLACK NIGERIAN SICKLE CELL DISEASE (SCD) PATIENTS: PROTOCOL FOR A PILOT STUDY

Strain longitudinal global du ventricule gauche et ses corrélats chez les patients noirs nigérians atteints de drépanocytose (SCD) : Protocole pour une étude pilote

[1]*C. N. Ugwu,* [1]*S. E. Antia,* [2]*G. A. Antia,* [1]*N. M. Chika-Igwenyi,* [1]*Q. U. Alu,* [1]*C. C. Ajaero,* [1]*G. C. Isiguzo,* [3]*N. I. Ugwu.*

[1]*Department of Internal Medicine, Alex Ekwueme Federal*

University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria
[2]*Department of Paediatrics, National Obstetric Fistula Center, Abakaliki, Ebonyi State, Nigeria.* [3]*Department of Haematology, Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria.*
Corresponding Author: Dr. Collins N. Ugwu. Email: collinsnu123@yahoo.com.

Background: Sickle cell cardiomyopathy is becoming a neglected tropical cardiovascular disease, yet the most common cause of death in HbSS patients. Myocardial strain using speckle tracking has recently been validated as a tool for the detection of subclinical left ventricular systolic dysfunction. Its utility in sickle cell disease in Nigeria is unknown.

Objectives: The study aims to evaluate global longitudinal left ventricular (GL LV) strain pattern in black SCD patients in steady state, and correlate that with clinico-laboratory and electrocardiographic (ECG) measurements. Furthermore, we will evaluate the timeline for the earliest detectable cardiac changes in SCD detectable by ECG or speckle tracking.

Method: 60 sickle cell patients between ages 5 and 40 years will be matched with 60 controls. Baseline clinic-laboratory data will be collected. All participants will have electrocardiography and speckle-tracking echocardiography of the left ventricle. The primary outcome is the global LV longitudinal strain in HBSS and matched control. Secondary outcomes are the clinico-laboratory and electrocardiographic correlates of LV strain in black HBSS patients as well as tracking the earliest detectable cardiovascular change in the life spectrum from childhood to adulthood. Regression analysis and other statistical models will be used.

Conclusion: The simplicity of the study design is crafted to spark interest in life-threatening cardiovascular complications of sickle cell disease beyond pulmonary hypertension.

Keywords: Sickle cell, cardiomyopathy, LV strain, Speckle tracking.

Conflicts of interest: The authors declare no conflict of interest.

A32

PNEUMONIA-ASSOCIATED ACUTE GLOMERULONEPHRITIS IN A NIGERIAN ADOLESCENT

Glomérulonéphrite Aiguë Associée à la Pneumonie chez un Adolescent Nigérian

[1]*S. I. Ozhe,* [1]*C. L. Simon,* [1]*S. Mayaki,* [2]*J. A. Isaac,* [3]*H. Ikrama* [4]*I. E. Ocheke*

[1]*Department of Paediatrics, Dalhatu Araf Specialist Hospital,*

Lafia, Nasarawa State, Nigeria. [2]National Institute for Pharmaceutical Research and Development, Abuja, Federal Capital Territory, Nigeria. [3]Department of Community Medicine, Dalhatu Araf Specialist Hospital, Lafia, Nasarawa State, Nigeria. [4]Paediatric Nephrology Unit, Department of Paediatrics, University of Jos/Jos University Teaching Hospital, Jos, Plateau State, Nigeria.

Corresponding Author: Dr Ozhe, Sunday Ikukpla'si, Email: sunozhe@gmail.com. Phone: +234 8065794822

Summary/Introduction: Acute Glomerulonephritis (AGN) is one of the most common childhood renal diseases in Nigeria. Acute Post-infectious glomerulonephritis (APIGN)—typified by post-streptococcal AGN (PSGN)—is the commonest, usually developing 1-6 weeks after an infectious episode. Rarely, AGN may occur concurrently with the inciting infectious process and may go unnoticed by clinicians. An example is pneumonia-associated AGN with isolated cases documented in Israel, the USA, and Europe but none to our knowledge from a Nigerian and perhaps the African population. This article reports a 17-year-old Nigerian male adolescent who developed AGN during an episode of complicated left lobar pneumonia.

Case Report: A 17-year-old male adolescent presented with fever, left-sided chest pain, cough and progressive dyspnoea. There was no current or remote history of sore throat, skin rashes or urinary symptoms and past medical history was unremarkable. He is a paternal orphan and engages in subsistence farming with his mother. Examination revealed respiratory distress, pyrexia(38.9^{o}C), BMI of 15Kg/M^2(<-3SD, WHO, BMI-for-age/sex), stony-dull percussion notes over the left hemithorax, no oedema, and BP=100/60mmHg. Chest radiographs confirmed massive effusion with underlying left upper lobe consolidation. An immediate thoracostomy confirmed empyema thoracic, which initially did not grow pathogens. Initial management focused on empyema drainage and antibiotic coverage using intravenous amoxicillin-clavulanate but response was marginal. By the 5th day, he developed generalized oedema, oliguria, haematuria (+3), hypertension(140/90mmHg, >95[th]percentile), congestive cardiac failure, and isolated C3 hypocomplementaemia (C3=60.3{80-160}mg/dL; C4=21.6{15-48}mg/dL). A repeat pleural fluid culture yielded Coliform species (not differentiated/identified because of resource constraints in our laboratory at this time) sensitive to ciprofloxacin but resisted amoxicillin-clavulanate. He was subsequently treated with furosemide, amlodipine, and ciprofloxacin with complete resolution of symptoms (except haematuria), and discharged on the 30th day. At 6-month follow-up, he remained normotensive with resolved haematuria; and normalized C3 complement (120{80-160}mg/dL).

Conclusion: Children with pneumonia who develop features of impaired renal function should be investigated for AGN. This report highlights this rare and unusual association as a possibility in our setting; and also brought up the difficulties with diagnostic procedures in resource-constrained settings like ours, especially in light of widespread antimicrobial resistance and rational antibiotics use.

Keywords: Acute Glomerulonephritis; Adolescent; Pneumonia; pneumonia-associated AGN; Nigeria.

A33

CEPHALIC TETANUS: A CASE REPORT AND REVIEW OF LITERATURE

Tétanos Céphalique : Rapport de Cas et Revue de la Littérature

[1]*S. I. Ozhe, [2]F. A. Obebe, [3]J. A. Isaac, [4]H. Ikrama [5]D. D. Shwe*

[1]*Department of Paediatrics, Dalhatu Araf Specialist Hospital, Lafia, Nasarawa State, Nigeria. [2]Department of Otorhinolaryngology, Federal University Teaching Hospital, Birnin Kebbi, Kebbi State, Nigeria. [3]National Institute for Pharmaceutical Research and Development, Abuja, Federal Capital Territory, Nigeria. [4]Department of Community Medicine, Dalhatu Araf Specialist Hospital, Lafia, Nasarawa State, Nigeria. [5]Paediatric Infectious Diseases Unit, Department of Paediatrics, Jos University Teaching Hospital/University of Jos, Jos, Plateau State, Nigeria.*

Corresponding Author: Ozhe, Sunday Ikukpla'si, Email: sunozhe@gmail.com, Phone: +234(0)8065794822.

Summary/Introduction: Cephalic tetanus (CT) constitutes only 1-3% of total reported tetanus cases. It is marked by flaccid paralysis of one or more cranial nerves (CN) with or without spasticity, typically following craniofacial injuries. The facial nerve is the most frequently paralyzed. Other CNs are rarely involved but mostly alongside facial nerve palsy. Broomstick injury as a portal of entry has been reported in generalized tetanus but not in CT to the best of our knowledge. Here is presented a case of CT with two peculiarities: broomstick penetrating ear trauma as a portal of entry, and an unusual onset with features of isolated glossopharyngeal and/or vagus nerve palsy.

Case Report: A 30-month-old unimmunized male who one week before presentation developed sudden-onset dysphagia, drooling, nasal regurgitation, and rhinolalia. Two days later, he developed trismus and left-sided

torticollis; on the 3rd day, provoked spasms, initially of the face and neck muscles, and later including the limbs. Three weeks earlier he had accidentally injured his left ear while poking it with a broomstick. This was poorly managed at home without anti-tetanus prophylaxis.

Examination revealed a conscious acutely ill child with risus sardonicus and episodic generalized spasms, more intense in the face and neck regions. Trismus/provoked spasms did not permit an objective assessment of glossopharyngeal, vagus, and hypoglossal nerves but other CNs were normal.

Managed in a quiet, dark isolation room where he received IM anti-tetanus serum, staggered doses of chlorpromazine, phenobarbitone, diazepam; and metronidazole, his condition gradually improved, and was discharged after 21 days of hospitalization.

Conclusion: The rarity and sometimes unusual presentation of CT delays prompt diagnosis and early treatment leading to secondary generalization with its attendant poor outcomes. A careful history, examination, and heightened suspicion are needed. Furthermore, this report highlights ear poking, particularly with broomsticks, as a risk for CT and should be strongly discouraged.

Keywords: Broomstick ear injury; Cephalic tetanus; Cranial nerves; Glossopharyngeal nerve; Penetrating; Vagus nerve.

A34

POST-MEASLES ACUTE VELOPHARYNGEAL INCOMPETENCE: A RARE CASE REPORT AND REVIEW OF LITERATURE

Incompétence Vélo-Pharyngée Aiguë Post-Rougeole : Un Cas Rare et Revue de la Littérature

[1]*S. I. Ozhe, [2]F. A. Obebe, [1]G. E. Offo, [3]J. A. Isaac [4]D. D. Shwe

[1]Department of Paediatrics, Dalhatu Araf Specialist Hospital, Lafia, Nasarawa State, Nigeria. [2]Department of Otorhinolaryngology, Federal University Teaching Hospital, Birnin Kebbi, Kebbi State, Nigeria. [3]National Institute for Pharmaceutical Research and Development, Abuja, Federal Capital Territory, Nigeria. [4]Paediatric Infectious Diseases Unit, Department of Paediatrics, Jos University Teaching Hospital/University of Jos, Jos, Plateau State, Nigeria.

*Corresponding Author: Ozhe, Sunday Ikukpla'si, Email: Email: sunozhe@gmail.com, Phone: +234(0)8065794822.

Summary/Introduction: Velopharyngeal incompetence (VPI) is the failure of closure of the velopharyngeal sphincter, which consists of the muscles of the soft palate and the superior pharyngeal constrictor, and functions to separate the nasopharynx and oropharynx during phonation and swallowing. VPI is most frequently congenital/syndromic (with structural deficit) but can be acquired. A subset of acquired VPI, occurring in structurally intact velopharynx, has been described in children, and these are isolated and acute-onset, with a substantial proportion thought to have an infectious origin. So far measles was identified to be the aetiology in one reported case. This report aims to create awareness that VPI could be a rare post-measles complication.

Case Report: A two-year-old female who, two weeks after a measles episode, developed sudden-onset nasal regurgitation, rhinolalia, and dysphagia. She had never experienced these symptoms before and has not had any recent throat surgeries. The review of systems was not contributory.

On examination, she was ill-looking with no dysmorphic features; was not febrile or pale, and had generalized brownish-scaly, desquamating skin lesions. Nasal regurgitation of liquids was observed when she drank. Oral/oropharyngeal examination revealed no structural defects but she had absent gag reflex with bilateral palatal paralysis (indicating Glossopharyngeal and Vagus nerve palsies). All other neurological and systemic findings were normal. Management was conservative with a Nasogastric tube for feeding. She made a complete recovery with total restoration of neurologic functions after 21 days. Six-month follow-up revealed no recurrence or signs of progression.

Conclusion: This report adds to the evidence that measles is one of the infectious causes of acute-onset isolated VPI. The proposed mechanisms underlying this unusual manifestation of measles are direct viral neuronal injury given its neurotropic nature; and autoimmune neuronal injury. The reason for the rarity of this post-measles complication despite the high incidence of measles remains to be elucidated.

Keywords: Acute; Case report; Children; Cranial neuropathy; Measles; Velopharyngeal incompetence

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A35

PATTERN OF DIETARY INTAKE AMONG PREGNANT WOMEN IN AKWA IBOM STATE, NIGERIA: A RURAL-URBAN CROSS-SECTIONAL COMPARATIVE STUDY

Profil des Habitudes Alimentaires chez les Femmes Enceintes dans l'État d'Akwa Ibom, Nigeria. Une Étude Comparative Transversale Rurale-Urbaine

[1]*Keyukemi Bernard Ekpotu, [1]Uwemedimbuk Smart Ekanem
[1]Community Medicine Department, University of Uyo, Teaching Hospital, Uyo Akwa Ibom State.

Dr. Keyukemi Bernard Ekpotu, Tel: 08038756019

Background: Fetal malnutrition has been reported to result in developmental adaptations, which may lead to chronic diseases later on in life. Maternal body composition, nutritional stores, diet, and ability to deliver nutrients through the placenta determine nutrient availability for the fetus. Thus, this study aimed to determine and compare the dietary intake among pregnant women attending antenatal clinics in rural and urban primary health centres in the Uyo senatorial district of Akwa Ibom State.

Methods: This cross-sectional study was carried out in 6 primary health care (3 urban and 3 rural) facilities in Uyo senatorial district, Akwa Ibom, selected by a multi-staged sampling technique. An interviewer-administered semi-structured questionnaire was used to obtain information on weekly food frequency and 24-hour dietary recall. Descriptive statistics were used, and a chi-square test was performed to examine the relationship between outcome variables. Statistical significance was set at a *p-value* of 0.05.

Results: The major findings from this study indicated that urban respondents had a significantly higher intake of highly processed carbohydrates, fruits, and vegetables compared to rural respondents (p=0.025 and 0.001, respectively). Overall, highly processed carbohydrates were the most consumed food group in both locations, with 42.2% consuming them over 5 times a week. The average iron and protein intakes were below the recommended nutrient intakes (RNI) in pregnancy at 72.4% and 69.1%, respectively, whereas carbohydrate and calcium intakes exceeded the RNI at 122.5% and 125.7%, respectively. Only protein intake was significantly different across the two locations, with urban respondents having higher intake (53.1g) compared to rural respondents (40.5g), p=0.013.

Conclusion: Based on the above findings, it is recommended that adequate nutrition education be taught during antenatal clinics. Micronutrition supplementation, especially iron supplementation, should also be emphasized during the antenatal period.

Keywords: Pregnancy, Nutrition, Maternal Nutrition, Dietary intake.

A36

INTRAUTERINE TOXIC METALS EXPOSURE AND NEXT GENERATIONAL EFFECTS ON NEONATAL ANTHROPOMETRIC DETERMINANTS IN ABAKALIKI, SOUTH EAST NIGERIA

Exposition Intra-utérine aux Métaux Toxiques et Effets sur la Prochaine Génération des Déterminants Anthropométriques Néonatals à Abakaliki, Sud-Est du Nigeria

[1,2]*C. E. Eze, [2]C. Frazzoli, [3]O. E. Orisakwe

[1]Department of Paediatrics, Alex-Ekwueme Federal University Teaching Hospital Abakaliki. [2]Department for cardiovascular, dysmetabolic, and aging diseases. Istituto Superiore di Sanità, Rome, Italy. [3]World Bank Africa Centre of Excellence in Public Health and Toxicological Research (PUTOR), University of Port Harcourt, PMB, 5323 Port Harcourt, Rivers State, Nigeria.

*Corresponding author: Eze Chidi Eze,
Email: ecemanchidioski@gmail.com, +2347030807776*

Introduction: Growth restriction has been associated with the risk of none communicable disease. Many anthropometric determinants like birth weight, birth length, and pondoral Index, are related to maternal suboptimal nutrition and infants' deficiency of some essential heavy metals.

Objective: The specific objective of this study is to determine the extent of toxic metals in the cord blood, birth outcomes, and their effect on the biophysical profiles of neonates.

Methods: The cord blood of 30 preterm, 30 term newborns, and 60 maternal veinous blood were analysed using an Atomic Absorption Spectrometer (Analyst 200 Perkin-Elmer, USA). Metals such as aluminum, antimony, arsenic, cadmium, lead, and mercury were determined by measuring the levels of these metals in cord blood and maternal blood respectively.

Results: Findings thus suggest that preterms are particularly susceptible to toxicity on somatic parameters.

Conclusions: Therefore, safety measures should be taken to prevent human contamination and exposure during pregnancy.

Keywords: Birth weight, Heavy metals, Preterm, Toxic metals, Lead.

A37

COMPARATIVE ASSESSMENT OF ASTHMA CONTROL: SELF-PERCEPTION VS GINA GUIDELINE IN PATIENTS ATTENDING A SPECIALIST CLINIC IN NIGERIA

Évaluation Comparative du Contrôle de l'Asthme : Auto-Perception Contre les Directives de la GINA chez les Patients Fréquentant une Clinique Spécialisée au Nigeria

[1]*F. M. Kehinde, [1]G. E. Erhabor, [1]O. O. Adewole, [1]O. F. Awopeju, [1]M. Afolabi, [1]T. Adejuyigbe

[1]Department of Medicine, Obafemi Awolowo University Teaching Hospital Complex, Ile Ife, Nigeria.

*Corresponding Author: feyikehinde13@gmail.com,
Tel: +2348038584531*

Background: Asthma control is critical in reducing morbidity and improving quality of life, yet, many patients struggle with accurately assessing their own asthma control. Current evidence suggests that many patients may overestimate their level of control causing discrepancies between patients' self-perception and clinical measures, such as those defined by the Global Initiative for Asthma (GINA). Understanding these differences is essential for optimizing asthma management in specialist clinics.

Objective: This study aims to compare self-perceived asthma control with GINA-defined standards to highlight gaps and improve patients' outcomes in Nigeria.

Methods: It was a cross-sectional study, 100 asthmatic patients in a tertiary teaching hospital were recruited consecutively [79% females, age 38.1±14.6 years]. The chi-square test of association was used to determine the relationship between perception of asthma control and actual test scores of controls as defined by GINA.

Results: The association between respondents' perception of their asthma control and GINA-defined control was statistically significant (χ^2 = 43.876, p = 0.001). Of the 19 participants categorized by GINA as well controlled,18(94.7%) regarded themselves as being well controlled whereas 1(5.3%) assessed symptoms as partly controlled. For the GINA partly controlled category 13(40.6%) appropriately graded their control as partly controlled while in the uncontrolled group, 22(44.9%) assessed their symptoms as uncontrolled.

Conclusions: Overall, the patients showed a good perception of their disease in comparison with GINA-defined criteria. However, the percentage was higher among those with well-controlled asthma compared with the other categories. This finding emphasises the need for continuous patient education.

Keywords: Asthma control, Self-perception, GINA guideline

A38

MANAGEMENT DELAYS AND OUTCOMES IN ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) IN THE COVID-19 ERA IN SENEGAL: INSIGHTS FROM A TERTIARY CENTER

Retards de Prise en Charge et Résultats de l'Infarctus du Myocarde avec Élévation du Segment ST (STEMI) à l'Époque du COVID-19 au Sénégal : Perspectives d'un Centre Tertiaire

[1,2]*N. D. Gaye, [2,3]A. A. Ngaide, [2,3]J. S. Mingou, [2]A. Ngningue, [2]M. B. Ndiaye, [2,4]A. Mbaye, [2,3]A. Kane

[1]Ibra Mamadou Wane Medical Center, Department of Cardiovascular Rehabilitation, Dakar, Senegal. [2]Cheikh Anta Diop University, School of Medicine, Dakar, Senegal. [3]Dalal

Jam Hospital, Department of Cardiology, Guediawaye, Senegal, [4]Idrissa Pouye General Hospital, Department of Cardiology, Dakar, Senegal. [1]Correspondence: Ngone D. Gaye; E-mail: diabagaye@gmail.com

Background: Low-and middle-income countries (LMICs) face many challenges regarding the timely management of STEMI, and the COVID-19 pandemic has impacted our already fragile health systems.

Objectives: To assess the delays in managing STEMI during COVID-19 and evaluate the 6-month mortality rates related to these delays.

Methods: A retrospective cross-sectional study was conducted over two years at a tertiary center in Dakar, Senegal. All patients referred for STEMI during the study period were included. Statistical analysis was performed using R, version 4.4.0.

Results: During the study period, 273 patients were enrolled (65.9% males, mean age: 59 ± 12.4). Diabetes Mellitus was present in 37.7% of cases. Only 1 out of 5 patients (20.5%) reached medical attention within 1 hour after symptoms onset, and the time from first medical contact to ECG was < 10 minutes in 39 % of cases. Primary PCI within the first 24 hours was performed in 23.5% of cases. Factors significantly associated with late hospital admission (<12h) were first medical contact < 1h (P 0.0009, OR: 4.06 95% CI; 1.8-9.64), time to first ECG < 10 minutes (P 0.002, OR: 2.79 95% CI; 1.45-5.41) and number of facilities visited < 2 (P 0.004, OR: 3.4 95% CI 1.51-8.22). The 6-month mortality rate was 18.7%.

Conclusion: Our study found persisting delays in STEMI management in Senegal. Establishing a standard of care for STEMI in Senegal is mandatory to overcome healthcare system weaknesses and improve the outcomes of our STEMI patients.

Keywords: Acute coronary syndromes, COVID-19, management delays, LMICs

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A39

PREVALENCE AND CLINICAL PROFILE OF VENOUS THROMBOEMBOLIC DISEASE IN A TERTIARY CENTER IN DAKAR

Prévalence et Profil Clinique de la Maladie Thromboembolique Veineuse dans un Centre Tertiaire à Dakar

[1,2]*N. D. Gaye, [1]A. A. Ngaide, [1]J. S. Mingou, [3]A. M. Sy, [4]M. M. Ka, [5]A. Mbaye, [1,3]A. Kane

[1]Cardiologie, Université Cheikh Anta DIOP de Dakar, Faculté de Médecine, Dakar, Sénégal. [2]Cardiologie, Centre Médical Ibra

Mamadou Wane, Dakar, Sénégal. [3]Cardiologie, Hôpital Dalal Jamm, Dakar, Sénégal. [4]Cardiologie, Hopital Principal de Dakar, Dakar, Sénégal. [5]Cardiologie, Hôpital Idrissa Pouye Dakar, Dakar, Sénégal. [†]Correspondence: Ngone D. Gaye; E-mail: diabagaye@gmail.com

Background: Venous thromboembolic disease (VTE) comprises deep vein thrombosis (DVT) and pulmonary embolism (PE) and ranks third among cardiovascular pathologies. Despite its growing burden in Africa, epidemiological data on VTE in Senegal is scarce.

Objective: This study aimed to determine the prevalence of VTE in a cardiology department, identify risk factors, and characterize diagnostic and therapeutic approaches.

Methods: A four-year cross-sectional study (January 2019 to December 2022) was conducted at the cardiology department of Idrissa Pouye General Hospital in Dakar. Patients with confirmed VTE diagnosed by imaging were included. Patient demographics, clinical presentations, Wells score for risk stratification, etiological factors, treatment modalities, and complications were collected. Data analysis was performed using R version 4.3.1.

Results: A total of 190 patient records were analyzed, revealing an overall VTE prevalence of 6.34%. The mean age was 48.2 years, with a female predominance. Clinical manifestations included leg swelling and pain for DVT and dyspnea, chest pain, and tachycardia for PE. The Wells score indicated a high probability in 53% of DVT cases and an intermediate probability in 66.4% of PE cases. Etiological factors were dominated by prolonged immobility (37.2%) and long-distance travel (34.4%). Direct oral anticoagulants (DOACs) were administered in 41.6%. Thrombolysis was administered in 17.27% of PE cases, and limb compression was used in 83.7% of DVT cases. The mortality rate was 4.73%.

Conclusion: Venous thromboembolic disease is a prevalent and potentially severe condition, especially among relatively young individuals in our setting. Identification of risk factors and appropriate management strategies are essential for optimizing patient outcomes.

 Keywords: Venous Thromboembolic Disease, Prevalence, Determinants, Sub-Saharan Africa.

A40

EXAMINING THE PREVALENCE AND DETERMINANTS OF PERSISTENTLY HIGH PRIMARY CARE USE AMONG NATIONAL HEALTH INSURANCE ENROLLEES OF A HEALTHCARE FACILITY IN KANO, NORTHWEST NIGERIA

Examen de la Prévalence et des Déterminants de

l'Utilisation Persistante des Soins Primaires parmi les Inscrits à l'Assurance Maladie Nationale d'un Établissement de Santé à Kano, Nord-Ouest du Nigeria

[1]*G. C. Michael, [1]Z. A. Umar, [1]B. A. Grema
[1]*Department of Family Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria*
Corresponding author: Godpower C. Michael; Email: drgcmichael@gmail.com

Background: Among frequent healthcare users is a small group called "high-care users", with $\geq$ 10 hospital visits annually. They consume a disproportionate share of the healthcare budget, and their care is often inappropriate and unnecessary.

Objectives: To assess the prevalence and determinants of persistent high-care (PHC) use ($\geq$ 10 visits in two consecutive years) among National Health Insurance Authority (NHIA) enrollees.

Methods: This cross-sectional study analyzed the data of 380 randomly selected patients attending the NHIS Clinic of Aminu Kano Teaching Hospital between January and June 2022. Using a data sheet, we collected their 2018 and 2019 data on biodata, clinic visit characteristics, diagnoses, and cost of care (medicines and investigations) from their medical records.

Results: There were more females (62.6%); their mean age was 37.5±16.0years. Three-quarters (285/380) of patients visited the clinic with an infectious disease in 2018/2019, while 37.6%(143/380) visited with a cardiovascular disease (CVD). Only 2.6%(10/380) were PHC users in the two years. The median cost of care for PHC users in 2018 was 30,549.0((IQR), 23,454 – 35,280) naira compared to the 10,290.0(5,856–18,079) naira consumed by non-PHC users. The median cost of care in 2019 was 41,238.5(25522–54020) naira (PHC users) versus 9,523.5(4709–19070) naira (non-PHC users). Older age, tribe and having CVD were significantly associated with PHC use; however, having CVD (OR=11.38, 95%CI [1.15 – 112.26], *P*=0.037) predicted PHC use.

Conclusion: The prevalence of PHC users was low. However, they consumed 3 to 4 times more resources than the other enrollees. More robust studies will be required to ascertain the complete picture in order to provide appropriate interventions needed to reduce inappropriate/unnecessary visits and cost of care.

Keywords: Prevalence, Determinants, Primary care use, Health insurance.

A41

PREVALENCE AND DETERMINANTS OF SHISHA SMOKING AMONG GOMBE STATE UNIVERSITY STUDENTS

Prévalence et Déterminants du Tabagisme de Shisha parmi les Étudiants de l'Université de l'État de Gombe

[1]I. Umar, [1]*H. M. Abdullahi

[1]*Department of Community Medicine, Bayero University Kano*
Email; Hadeezus@yahoo.com

Introduction: Emerging literature suggests that shisha smoke contains many of the same toxicants as cigarette smoke, including carcinogenic polycyclic aromatic hydrocarbons.[1] A single shisha smoking session may involve inhalation of 50–100 times the smoke volume inhaled with a single cigarette.[2] While tobacco control policies have largely centered on cigarette smoking, other forms like shisha, have largely been ignored.[3]

Objectives: The study aimed to assess the prevalence and predictors of shisha smoking among students of Gombe State University in Gombe State.

Methods: A cross-sectional study design with mixed methods of data collection was used to study (200) respondents using a multistage sampling technique. Data was collected using interviewer-administered semi-structured questionnaires and Focus Group Discussions (FGD) for qualitative data.

Results: The prevalence of shisha smoking was 27% among the respondents with seven out of ten current shisha smokers being males. The majority of the respondents smoked daily. There was a statistically significant association (p=<0.05) between the present year of study, satisfaction with the present course of study, and current level of academic study with knowledge of the harmful effects of shisha smoking. Gender and the present year of study remained independent predictors of shisha smoking among study respondents. Male students were almost two and a half (2.4) times more likely to smoke shisha than females. Peer pressure and fun/pleasure-seeking were found to be motives for shisha smoking from the qualitative review.

Conclusion: Restraints should be imposed on shisha bars, cafés, and restaurants in the same way as tobacco control policies for cigarette smoking.

Conflict of Interest: None

Keywords: Prevalence, Shisha smoking, Males

A42

HISTOPATHOLOGY OF ACUTE APPENDICITIS IN CHILDREN IN ZARIA

Histopathologie de l'Appendicite Aiguë chez les Enfants à Zaria

[1]*H. O. Aliyu, [2]T. T. Sholadoye

[1]*Pathology Department, Faculty of Basic Clinical Sciences, Ahmadu Bello University, Zaria. [2]Surgery Department, Faculty of Clinical Sciences, Ahmadu Bello University, Zaria*
Corresponding author: Dr. Halima O. Aliyu, Tel: +2348022556664, Email: haliyuo77@yahoo.com

Introduction: Appendicitis is a common cause of acute abdomen. Although many guidelines exist to aid in the preoperative diagnosis of appendicitis in children, histology remains the definitive diagnostic method. Histological diagnosis is premised on the presence of inflammatory infiltrates beyond the mucosa and involving the submucosa and muscularis propria. Involvement of the serosa is often associated with peritonitis. Appendices with no pathology have uncommonly been reported with the clinical diagnosis of appendicitis.

Objective: We present the pathological features of appendicitis in 32 children over two years

Methods: Pathology Department records of consecutive appendectomies in children were retrieved over two years. The gross descriptions were documented and histological assessment of the H&E stained slides was done. Notes were made on the appendix length, obvious gross abnormalities and perforation; histological presence of mucosal lymphoid hyperplasia and ulceration, predominant inflammatory cell type, presence of reparative changes in the submucosa, and involvement of the peritoneum. Appendectomy performed as an addition to other therapies were excluded.

Result: Thirty-two children had appendectomies for acute appendicitis, their ages ranged from 4 months to 17 years (median 14.5 years) and there were 12 females (37.5%) and 20 males (62.5%). Appendicitis could be grouped into simple (acute appendicitis without perforation, suppuration, or peritonitis) 11 (34.4%), complicated (acute appendicitis with perforation, gangrene, and/or suppuration) 14 (43.7%), sub-acute/ chronic (acute appendicitis with reparative changes or non-specific chronic inflammation) 7 (21.9%). All cases had associated mucosal lymphoid hyperplasia. No negative appendix was seen.

Conclusion: Appendicitis in children is often complicated before surgical intervention.

Keywords: Acute appendicitis, children, acute abdomen, appendix histology

A43

EVALUATING A HEALTH INSURANCE SCHEME IN A HOSPITAL SETTING: PROPOSING AN ALTERNATIVE TO OUT-OF-POCKET PAYMENTS IN NIGERIA

Évaluation d'un Régime d'Assurance Maladie dans un Cadre Hospitalier : Proposition d'une Alternative aux Paiements Directs au Nigeria

[1]*N. Hayatudeen, [1]A. O. Umar, [2]T. Abiola, [1]Z. T. Sulaiman, [1]J. Jatau

[1]Clinical Services Department, Federal Neuropsychiatric Hospital, Kaduna, Nigeria. [2]Department of Behavioral Sciences, University of Ilorin Teaching Hospital, Kwara, Nigeria.

Corresponding author: Hayatudeen N., Email: nhayatudeen@gmail.com

Background: Mental health care in Nigeria relies heavily on out-of-pocket payments, creating financial barriers that hinder access. A pilot scheme linked to the National Health Insurance Authority (NHIA) Group, the Individual and Family Social Health Insurance Program (GIFSHIP) was initiated to alleviate these challenges.

Objective: The study sought to assess the NHIA scheme's effectiveness in reducing costs, enhancing clinical outcomes, and improving patient satisfaction relative to traditional payment methods in mental health care, while also evaluating the feasibility of a pilot individual GIFSHIP.

Methodology: The study examined the NHIA scheme over nine months at a tertiary mental health facility in Nigeria, involving patients with various mental health diagnoses eligible for insurance. Data on care costs, in-patient admission rates, and patient satisfaction were gathered through structured questionnaires and hospital records. A comparative analysis was performed between insured and non-insured patients.

Results: Insured patients experienced a significant reduction in financial burden, with monthly out-of-pocket expenses approximately 40% lower than their non-insured counterparts. In-patient admission rates and patient satisfaction were similar across both groups. The hospital's indigent patient fund supported a pilot individual GIFSHIP program for individuals with mental illness. Anticipated cost benefits may enhance service uptake and revenue for the hospital.

Conclusion: The pilot mental health GIFSHIP scheme may alleviate financial pressures on patients and enhance access to quality care. Policymakers and healthcare providers can advocate for similar insurance schemes, particularly in integrated care environments, to foster sustainable and equitable mental health care for all.

Keywords: Mental health insurance, GIFSHIP, Nigeria, out-of-pocket payment.

A44

PATTERN OF USE AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG WOMEN WITH DISABILITIES IN LAGOS, NIGERIA

Mode d'utilisation et accès aux services de santé sexuelle et reproductive chez les femmes handicapées à Lagos, Nigeria

[1]P. A. Agada, [1]*I. P. Okafor

[1]Department of Community Health & Primary Care, College of Medicine, University of Lagos, Nigeria.

*Corresponding author: Dr Ifeoma P. Okafor, E-mail: iokafor@unilag.edu.ng

Background: Sexual and Reproductive Health (SRH) is crucial for overall well-being, yet persons with disabilities (PWDs), especially women, encounter significant challenges in accessing SRH services, impacting their quality of life.

Objectives: To assess the awareness, patterns, barriers, perceived enablers and predictors of utilization of SRH services among women with disabilities in Lagos, Nigeria.

Methods: This was an analytical cross-sectional study involving 231 women of reproductive age with disabilities who were recruited through snowball sampling. Data were collected using semi-structured questionnaires and analyzed with SPSS version 21. Descriptive statistics summarized socio-demographic, economic, and disability-related variables. Pearson Chi-squared and logistic regression analyzed associations and predictors of use, with statistical significance set at $p<0.05$.

Results: The mean age was 32.2 ± 8.5 years; 39.4% had secondary education and 48.5% were unmarried. High awareness of SRH services was reported (93.3%), with 64.9% having utilized SRH services, mainly pregnancy testing (65.3%) and HIV counseling and testing (57.3%). The main barriers were treatment costs (80.7%), difficulty in physical access to health facilities (53.3%), long wait times (47.3%), and negative attitude of health workers (42%). Perceived enablers include subsidized treatment, improved transport, and reduced wait times.

Predictors of utilization of SRH services include adult-onset disability compared to pre-adulthood *(AOR=432.708, 95% CI=22.392, 8361.882),* being physically disabled *(AOR=0.140, 95% CI=0.033, 0.586),* and having a hearing impairment *(AOR=0.124, 95% CI=0.017, 0.903)* compared to visual impairment.

Conclusion: Despite high awareness, women with disabilities face barriers to accessing SRH services due to costs, accessibility issues, and long waiting times. The health system in collaboration with other relevant sectors should implement interventions to ensure adequate inclusion to improve their access and utilization of SRH services, in addition to improving the QoC.

Keywords: women and girls with disabilities, SRH, healthcare access, inclusivity, Nigeria

A45

PREVALENCE OF KIDNEY DYSFUNCTION AND ITS RELATIONSHIP WITH COMPONENTS OF METABOLIC SYNDROME AMONG ADULT OUTPATIENTS IN A NIGERIAN TERTIARY HOSPITAL

Prévalence de la Dysfonction Rénale et sa Relation avec les Composants du Syndrome Métabolique chez les Patients Ambulatoires Adultes dans un Hôpital Tertiaire Nigérian

[1,2]*I. O. Eboreime-Oikeh, [1,2]H. U. Ibezim, [1,2]U. Harmony, [3]O. S. Oikeh

[1]Igbinedion University; [2]Igbinedion University Teaching Hospital; [3]Icahn School of Medicine/Mount Sinai-Elmhurst Hospital Center.

Background: Metabolic syndrome (MetS) is defined by a set of components including hyperglycemia, dyslipidemia, hypertension, and central obesity. Despite the well-established association between MetS and chronic kidney disease (CKD), a significant gap remains in our understanding of the relationship of kidney dysfunction with individual components of MetS, particularly in Nigeria.

Objectives: To determine the prevalence of kidney dysfunction among adults with MetS and to examine the relationship of key components of MetS with kidney dysfunction in Nigeria.

Methods: This cross-sectional study involved randomly selected adult outpatients with MetS attending a tertiary hospital in Nigeria. Kidney function was assessed using estimated glomerular filtration rate (eGFR). Descriptive and inferential statistical analyses were performed and statistical significance was set at $p < .05$.

Results: A total of 75 adults with MetS (mean age 53.33 ± 13.94 years, 65.3% female) were included. The prevalence of kidney dysfunction (eGFR < 60 mL/min/1.73 m²) was 36.0%, with no significant difference between genders. Blood pressure, serum high-density lipoprotein, and triglyceride were the components of MetS that significantly correlated with eGFR and were identified as independent predictors of kidney function.

Conclusion: The study highlights the considerable burden of kidney dysfunction among individuals with metabolic syndrome in Nigeria. Hypertension and dyslipidemia were the components of metabolic syndrome significantly associated with kidney dysfunction. Early detection and targeted interventions including lifestyle modification and appropriate drug management are important to mitigate the impact of metabolic syndrome on kidney health, resulting in improved health outcomes and reduced burden of chronic kidney disease.

Keywords: Central Obesity, Chronic Kidney Disease, Dyslipidemia, Hyperglycemia, Hypertension, Metabolic Syndrome, Nigeria.

A46

IODINE NUTRITIONAL STATUS AND GOITRE PREVALENCE IN CHILDREN AGED 2 – 14 YEARS IN SELECTED UPLAND AND RIVERINE COMMUNITIES IN RIVERS STATE, NIGERIA

Statut nutritionnel en iode et prévalence du goitre chez les enfants âgés de 2 à 14 ans dans des communautés de hautes terres et riveraines sélectionnées dans l'État de Rivers, Nigeria

[1]*I. J. Onumaku, [1]I. E. Yarhere, [1]C. Agi, [1]A. R. Nte

[1]Department of Paediatrics, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.
Email: joejessy15@yahoo.com

Background: Iodine deficiency is a common cause of thyroid disease, prompting the World Health Organisation to recommend universal salt iodification. The iodine status of Rivers State is yet to be investigated following the implementation of this strategy.

Objective: To determine and compare the iodine nutritional status of children aged 2-14 years resident in selected upland and riverine communities in Rivers State, Nigeria.

Method: A descriptive cross-sectional and comparative analysis of the iodine status of 545 children in randomly selected riverine and upland communities of Rivers State was conducted between June to July 2023. The differences in the proportion of (a) children that had above and below the median urinary iodine excretion, (b) thyroid gland volume, and (c) use of iodised salt intake, between the two communities were analysed.

Results: A total of 126 (23.1%) children in the study population had moderate to mild iodine deficiency, and 69 (54.8%) of these were in the upland group, while 107 (39.5%) children in riverine area had excess urinary iodine with risk, $p = 0.001$. In the riverine area, 96.31 % of the children

consumed packaged iodised salt in their household as compared to 98.54% in the upland, p = 0.100. No child in the study population had overt goitre but 22% had larger thyroid volumes when compared to the Nigerian ultrasound scan reference.

Conclusions: This study shows goitre endemicity in the state, more prevalent in the riverine than the upland regions with the goitres not yet detectable by physical examination but by thyroid ultrasonography.

Keywords: Iodine, nutritional status, goitre privilege, children (2-14 years), upland and riverine communities

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A47

EFFECTIVENESS OF THE BALANCED SCORECARD IN IMPROVING STAFF PERFORMANCE, PATIENT OUTCOMES AND RESOURCE OPTIMIZATION IN LOW- AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW

Efficacité du Tableau de Bord Équilibré pour Améliorer la Performance du Personnel, les Résultats des Patients et l'Optimisation des Ressources dans les Pays à Revenu Faible et Intermédiaire : Une Revue Systématique

[1]*J. I. Aleme,* [1,2]**F. O. Adeniji,* [1,2,3]*D. S. Ogaji*

[1]*Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria*

[2]*Department of Preventive and Social Medicine, Faculty of Clinical Sciences, College of Health Sciences University of Port Harcourt, Nigeria.* [3]*Africa Centre of Excellence in Public Health and Toxicological Research, University of Port Harcourt, Nigeria.*

Corresponding Author: +234 803 313 2893, foluke.adeniji@uniport.edu.ng

Introduction/Background: Low- and middle-income countries (LMIC) usually have weak health systems with poor health outcomes. The Balanced Scorecard (BSC) is a strategic management tool widely used to improve healthcare services by aligning operational activities with long-term objectives across four dimensions namely patient, financial, internal process, and learning and growth. While BSC has been adopted in various high-income countries with positive impacts, its effectiveness in improving public health systems in LMIC is still unclear.

Objective: This review seeks to evaluate the effectiveness of BSC in public health settings in LMIC.

Methods: A Systematic review was carried out. The search strategy was applied across PubMed, Cochrane Library, Google Scholar, and AJOL, from 1995 to September 2024, following the PRISMA guideline. Key criteria were used in the selection of eligible studies.

Results: Of 1,159 articles retrieved from the search, 9 articles were included (3 African and 6 Asian studies). Two were in Upper-Middle, 4 in Lower-Middle, and 3 in low-income settings. One of the studies was a randomized controlled trial, 5 were pre-post and 3 were case studies. The time to evaluation of BSC implementation ranged from 10 months to 5 years. Post - implementation, change in patient satisfaction ranged between 3.7% to 16%, staff satisfaction (0.6% to 4.6%), staff training (14.8% to 35.3%), laboratory functionality (-1.0% to 45.8%), drug availability (1.9% to 17.0%), equipment functionality (11.9% to 22.8%), HMIS use (8.3% to 24.1%), and revenue generation (0.1 to 1.83%).

Discussion and Conclusion: The BSC in the majority of the studies was modified and had additional perspectives to suit their context. BSC implementation was mostly led by the Ministry of (Public) Health in the countries as a system-wide approach. Implementation was by incorporating BSC indicators into the National Health Strategic Plan or accreditation standards. Some of the Ministries had funding support from partners and cost was noted as one of the limitations to its adoption. BSC implementation in LMIC generally showed positive improvements especially in staff training and resource optimization through improved capacity for service delivery. There was no appreciable increase in revenue generation but since they were public hospitals, they had less focus on financial perspective and more on patients and efficient resource utilization. It is recommended that Ministries of Health in LMIC develop or adapt and utilize the BSC to drive their health system performance by incorporating the indicators into their national performance indicators.

Keywords: Balanced scorecard, Healthcare, Public hospitals.

A48

PATTERN OF MORBIDITY OF PATIENTS ADMITTED TO NIGERIAN TERTIARY-LEVEL HOSPITALS: INSIGHTS FROM THE MOHOPA STUDY

Profil de Morbidité des Patients Admis dans les Hôpitaux de Niveau Tertiaire au Nigeria : Perspectives de l'Étude MOHOPA

K. M. Karaye, E. M. Umuerri, I. Onwuekwe, A. M. Daiyab, R. N. Sani, C. Anjorin, H. Iheonye, Z. G. Habib, A. Onunu, A. G. Habib, A. Ogunniyi A; on behalf of the MOHOPA Study Investigators

Background: There is a paucity of nationally representative data on the pattern of morbidity of hospitalised medical patients in Nigeria. We hereby provide insights from the MOHOPA (Pattern of **Mo**rbidities, Mortality and Healthcare Financing of **Ho**spitalised Medical **Pa**tients in Hospitals) study on the pattern of morbidity among patients admitted to the medical wards of Nigerian tertiary-level hospitals.

Methods: At least 100 patients admitted to the medical and emergency wards of 7 tertiary-level hospitals, spread across the 6 geopolitical zones of Nigeria and the Capital City of Abuja, were consecutively recruited to join the study after obtaining written informed consent.

Results: A total of 705 patients were recruited consecutively between May 2023 and March 2024, from Aminu Kano Teaching Hospital, University of Maiduguri Teaching Hospital, Federal Medical Centre Lokoja, University College Hospital, Ibadan, University of Nigeria Teaching Hospital, Enugu, Delta State University Teaching Hospital, and University of Abuja Teaching Hospital. Their mean age was 51.3 ± 18.3 years and 44.7% were females. Cardiovascular disease was the primary cause of admission in 22.1% of patients, followed by neurological (16.5%) and renal (14.3%) diseases. 74.2% of the patients had an important co-morbidity; the most common being cardiovascular (21.3%) followed by infectious (13.3%) and renal (9.7%) diseases. These patterns however varied significantly by region (Northern vs Southern) but not by gender (males vs females).

Conclusion: Cardiovascular, neurological, and renal disorders were the most common indications for admission and infectious diseases were important co-morbidities. The results will be vital for strategic planning and policy formulation.

Keywords: Morbidity; Medical Admissions; Tertiary-level Hospitals; Nigeria.

The Gambia. [3] Department of Medicine, Ahmadu Bello University, Zaria, Nigeria. Corresponding author: tkelvindr@gmail.com.

Introduction/Background: Though CIDP and ATM are both inflammatory disorders of the nervous system with distinct features, they rarely occur together in the same individual.

Case presentation: A 41-year-old male trader was admitted with 10 10-day history of paraplegia and weakness of upper limbs. The illness started with lower limb paresthesia, weakness of the left leg, then the right leg after 5 days, proceeding to paraplegia, weakness of upper arms, urine retention, and constipation 3 days before presentation. There was a brief fever; no sore throat or cough; no travel outside the country; and no vaccination. He smoked 10 cigarette packs yearly and drank alcohol occasionally. He was unmarried. Vital signs were stable with normal mentation; oxygen saturation 98%; no cranial nerve deficits; flaccid paraplegia; flaccid bilateral upper limbs weakness (MRC 1/5) and symmetrical sensory loss to the level of T4. HIV, hepatitis B, and C antibodies were all negative; hematological, renal, and liver functions were normal. CSF cyto-albumin dissociation and hyperintensities of the cervical and upper thoracic spinal cord on MRI necessitated a diagnosis of mixed CIDP and ATM. Although the patient could not buy IV immunoglobulin, he has been on prednisolone; and 40 days later flaccid paraplegia and sensory loss persist, but tone and reflexes have returned to normal, and power is MRC 3/5. He remains conscious, is dyspnoeic, and is currently on a mechanical ventilator with a feeding nasogastric tube and urinary catheter in situ.

Conclusion: Both CIDP and ATM are distinct severe neuro-inflammatory diseases requiring emergency and intensive care management as each has potential for high mortality outcomes.

Keywords: Rare case, mixed, chronic inflammatory demyelinating polyradiculopathy (CIDP), acute transverse myelitis (ATM)

A49

A RARE CASE OF MIXED CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULOPATHY (CIDP) AND ACUTE TRANSVERSE MYELITIS (ATM)

Un Cas Rare de Polyradiculonévrite Démyélinisante Inflammatoire Chronique Mixte (PIDC) et de Myélite Transverse Aiguë (MTA)

[1]*K. Thomas, [1]M. Danso, [1]G. Goddard, [1]H. D. Maydoilis, [1]S. M. Oguche, [2]T. Bello , [1]C. H. Njoku, [1,3]Obiako

[1] Department of Internal Medicine, Edward Francis Small Teaching Hospital, Banjul, The Gambia. [2] Department of Radiology, Edward Francis Small Teaching Hospital, Banjul,

A50

FATAL CEREBRAL TRANSVERSE VENOUS THROMBOSIS IN AN ADOLESCENT MALE: A CASE OF DELAYED PRESENTATION

Thrombose Veineuse Transversale Cérébrale Fatale chez un Adolescent : Un Cas de Présentation Retardée

[1]*K. Thomas, [1]M. Danso, [1]G. Goddard, [2]M. M. Ceesaay, [1]H. D. Maydoilis, [1]S. M. Oguche, [2]T. Bello, [1]C. H. Njoku, [1,3]O. R. Obiako

[1] Department of Internal Medicine, Edward Francis Small Teaching Hospital, Banjul, The Gambia. [2] Department of Radiology, Edward Francis Small Teaching Hospital, Banjul,

The Gambia. [3] Department of Medicine, Ahmadu Bello University, Zaria, Nigeria. Corresponding author: tkelvindr@gmail.com.

Introduction/background: Venous sinus thrombosis leads to delayed drainage of blood from the brain; consequently, resulting in cerebral oedema, raised intracranial pressure, or stroke. Causes are variable, including severe dehydration, hypercoagulable states, infections, cancers, sinusitis, and brain surgery. The commonest symptoms are headache, seizures, and unconsciousness.

Case Report: An 18-year-old male was brought unconscious to us after developing recurrent convulsive seizures the night before. His illness started 6 months ago with recurrent headaches, weight loss, and fatigue in Senegal where he was undergoing Quranic education. He returned to the Gambia, and despite several treatments, including hospitalizations and transfusion of 3 units of whole blood, analgesics, and blood tonics, symptoms persisted, until he convulsed and lost consciousness. There was no other significant past medical history of note. On presentation, he was dehydrated, malnourished, afebrile, mild pallor, anicteric; RR 22 cpm, pulse rate 110 bpm, regular and small volume, BP 113/78 mmHg; unconscious (GCS 3/15); supple neck, conjugate slowly roving eyeballs, positive Doll's eyes test, bilateral pinpoint pupils. Generalized hypotonia and hyporeflexia. The rest of the general examination was unremarkable. His hematological and clinical biochemistry investigations show normal findings. A brain CT scan revealed cerebral oedema, filling defects at the straight sinus, and multiple cerebral haematomas consistent with cerebral venous sinus thrombosis. He was immediately started on heparin but died less than 24 hours later.

Conclusion: Diagnosis requires a Brain CT of MR venography to identify filling defects. This is especially difficult in low-income countries, hence diagnosis is often missed.

Keywords: Cerebral sinus thrombosis, Cerebral oedema, Neuroimaging, Venography, Quranic School

A51

HEALTH-RELATED QUALITY OF LIFE OF CHILDREN WITH AND WITHOUT SICKLE CELL ANAEMIA AT EDWARD FRANCIS SMALL TEACHING HOSPITAL, THE GAMBIA

Qualité de Vie Liée à la Santé des Enfants avec et sans Anémie Falciforme à l'Hôpital Universitaire Edward Francis Small, en Gambie

[1,2]*L. Makalo, [1,2,3]S. A. Adegoke, [1,2,4]S. J. Allen, [1,2,3]B. P. Kuti, [1,5]E. O. Obidike

[1]Department of Paediatrics, Edward Francis Small Teaching Hospital, Banjul, The Gambia. [2]School of Medicine and Allied Health Sciences, University of The Gambia, The Gambia. [3]Obafemi Awolowo University, Ile-Ife, Nigeria. [4]Liverpool School of Tropical Medicine, Liverpool, UK. [5]University of Nigeria, Enugu, Nigeria.

Corresponding e-mail: lmakalo@utg.edu.gm

Introduction/background: Children with sickle cell anaemia (SCA) experience recurrent vaso-occlusive crises and complications with possible impact on their health-related quality of life (HRQoL).

Objectives: This study determined HRQoL of 130 children aged 5-15 years with SCA and compared it to age- and sex-matched apparently healthy haemoglobin AA children in The Gambia. It also determined the impact of SCD severity, and sociodemographic and clinical data on HRQoL.

Methods: HRQoL was determined using the Pediatric Quality of Life Inventory. SCD severity was assessed with a validated clinico-laboratory scoring system.

Results: The mean age of the participants was 9.74 ± 2.81 years, with a male: female ratio of 1.1:1. Underweight (p = 0.019) and stunting (p = 0.045) were more prevalent among children with SCA. Majority, 83.1%, had mild SCD, while 13.1% had moderate SCD and 3.8% had severe SCD. The mean HRQoL scores were significantly lower in SCA than HbAA children in the physical, emotional, social, school and overall health domains, p <0.001. Seventy-five (57.7%) of SCA patients had poor HRQoL. SCD severity scores had significant inverse correlations with HRQoL scores in the emotional (r = - 0.2, p = 0.020) and school (r = -0.18, p = 0.039) domains. Significant pain >3 episodes in the preceding 12 months (OR=1.9; 95% CI = 1.392 – 2.201; *p* = 0.028); late diagnosis (OR = 1.8; 95% CI = 1.697–1.957; *p* = 0.012); and clinical stroke (OR = 69.3; 95% CI = 1.337–89.36; *p* = 0.037) were identified as significant independent predictors of poor overall HRQoL among children with SCA.

Conclusion: SCA has a negative impact on all domains of HRQoL. Frequent significant pain crises, late diagnosis and stroke were independent predictors of poor HRQoL in Gambian children with SCA.

Keywords: Health related, sickle cell anaemia, gambia

Conflict of Interest: None.

A52

ASSESSMENT OF THROMBOSPONDIN-1 IN SICKLE CELL VASOOCCLUSIVE CRISIS AND ITS RELATIONSHIP WITH PLATELET INDICES AND INFLAMMATION

Évaluation de la Thrombospondine-1 dans la Crise Vaso-occlusive Drépanocytaire et sa Relation avec les Indices Plaquettaires et l'Inflammation

[1]*I. T. Lawrence, [1]B. Augustine, [1]A. I. Mamman, [1]A. Sani, [1]J. Johnson, [1]J. N. Nmadu, [2]A. A. Akinrimade, [1]M. Saleh, [3,4]L. Salawu

[1]Department of Haematology and Blood Transfusion, Ahmadu Bello University Teaching Hospital, Zaria, Nigeria. [2]Cedarcrest Hospital, Abuja, Nigeria.[3]Department of Haematology and Blood Transfusion, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Osun State, Nigeria.[4]Department of Haematology and Immunology, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

Correspondence: greytidisha@gmail.com

Introduction: Thrombospondin-1 (TSP-1) is a key protein product of activated platelets which is significantly increased in sickle cell vaso-occlusive crisis (VOC) and other inflammatory conditions. This study aims to determine TSP-1 levels and their relationship with platelet indices and inflammation.

Objective: To evaluate TSP-1 levels in sickle cell anaemia (SCA) patients and assess their relationship with platelet indices and inflammation.

Methods: This hospital-based cross-sectional comparative study was conducted in North Western Nigeria from July to December 2022. The study included 120 participants: 80 adults with SCA (40 in VOC) and 40 in steady state (SS)), matched with 40 healthy controls (HbAA). TSP-1 levels were measured using ELISA and haematological parameters were obtained from an automated analyzer. Analysis of variance was used to compare groups and determinants of TSP-1 variability were analyzed using multiple logistic regression. Statistical significance was at p ≤ 0.05.

Results: The mean TSP-1 level was significantly higher in VOC patients (406.0 ± 164.6 ng/mL) compared to SS patients (312.4 ± 145.6 ng/mL) and HbAA controls (192.3 ± 121.2 ng/mL) (p < 0.001). In the SS group, TSP-1 negatively correlated with mean platelet volume (MPV; r = -0.38, p = 0.02) and platelet-large cell ratio (P-LCR; r = -0.36, p = 0.02). White blood cell count (WBC) was the only predictor of TSP-1 variability (β = 10.301, t = 3.843, p < 0.001).

Conclusion: Elevation of TSP-1 during VOC indicates its potential as a biomarker for crisis episodes. In SS patients, TSP-1 is associated with platelet indices, suggesting its role in platelet activation. WBC is a key predictor of TSP-1 variability, emphasizing the influence of inflammation.

Keywords: Thrombospondin-1, Sickle Cell Disease, Platelet Indices, Inflammation, Vaso-**occlusive Crisis**

Conflict of Interest: None was declared by the authors

A53

HYPOTHALAMIC PITUITARY AXIS DYSFUNCTION IN A SEVERELY ASPHYXIATED NEONATE

Dysfonctionnement de l'Axe Hypothalamo-Hypophysaire chez un Nouveau-Né Gravement Asphyxié

[1]*O. Lukman, [2]I. Jalo, [1]A. G. Iliya, [1]V. Ndubuisi, [1]M. P. Raymond, [2]A. Rasaki

[1]Department of Paediatrics, Federal Teaching Hospital, Gombe. [2]Department of Paediatrics, Gombe State University and Federal Teaching Hospital, Gombe.

Corresponding Author: Olatoke Lukman, lukmanolatoke@gmail.com

Introduction: Perinatal asphyxia is caused by a lack of oxygen to organ systems due to hypoxic or ischemic insult that occurs during labour and delivery. This may lead to multi-organ failure with brain involvement as the major organ of concern.

Case Report: We present a 19-day-old neonate referred to our centre with the complaint of inability to suck since birth and multiple seizures that started on the second day of life. He cried little, slept much, and had subnormal body temperature

He was delivered via spontaneous vertex delivery at 41 weeks to a 19-year-old primigravida with a prolonged second stage of labour. He had a low APGAR score and was managed for severe perinatal asphyxia at the referral Centre. At presentation, He was conscious, not pale, anicteric, no edema with no dysmorphic features. Anthropometries were normal (weight was 2.8 kg, length 47 cm, OFC 37 cm). Had sutural diathesis, weak primitive reflexes, and hypotonia. No macroglossia or umbilical hernia. The stretched penile length was 2.7 cm.

Magnetic Resonance Image showed cerebral and pituitary atrophy with hydrocephalus ex vacuo. Thyroid function test revealed central hypothyroidism and the serum cortisol was low (22.22 nmol/l). He was co-managed by a Paediatric neurologist with antiseizure medications, levothyroxine and hydrocortisone. There was some improvement in his activity and the seizure was controlled, however, hypothermia persisted.

Conclusion: Neonatal hypoxic-ischemic encephalopathy does involve the hypothalamic-pituitary axis and there should be a high index of suspicion.

A54

CO-INFECTION OF MALARIA AND INTESTINAL PARASITOSIS IN RURAL CHILDREN IN THE KLOTO DISTRICT, TOGO

Co-infection du paludisme et des parasitoses intestinales chez les enfants ruraux du district de Kloto, Togo

[1]*Mawouto Fiawoo, [1]Foli Agbéko, [1]Salek Kpelafia, [1]Mable Olivia Mélodie Kondo, [1]Simdeka Awissi, [1]Koffi Edem Djadou, [1]Nadiedja Kokou Douti, [1]Dzayisse Yawo Atakouma

*Department of Pediatrics, Faculty of Health Sciences, University of Lomé, Lomé, Togo. Email: *michaelisfirst@yahoo.fr*

Introduction: Co-infection of malaria and intestinal parasitosis is the concomitant presence of two parasite species in a single human host; it is more frequent in children in many parts of the world. The objective of this study was to describe the co-infection of malaria and intestinal parasitosis in children in the health district of Kloto.

Methods: This was a prospective cross-sectional study conducted over a period of four (04) months, from February 8 to May 10, in rural health centers with laboratory facilities in the Kloto sanitary district. Data were collected using a questionnaire.

Results: We had a total of 23 cases of co-infection out of a total of 299 children with a positive GE or a positive TDR, i.e. a percentage of seven point seven of co-infection (7.7%) with a confidence interval (95%) of 5.0-11.5. We note a predominance of the [12,59] age group, with ten (10) children out of twenty-three (23) co-infected, i.e. forty-three-point five percent (43.5%). Five (05) different species of intestinal parasites were found, namely Entamoeba hystolitica (64.6%), budding yeasts (14.6%), Trichomonas intestinalis (10.4%), Enterobius vermiculais (4.2%) and Taenia sanginata (2.1%).

Conclusions: These results show that parasitic co-infection is common among rural children in the Kloto district, especially in the 12–59-month age group, who are the most vulnerable due to their young age.

Keywords: Malaria, intestinal parasitosis, coinfection, children.

A55

PREDICTORS OF PSYCHOACTIVE SUBSTANCE USE IN SECONDARY SCHOOL ADOLESCENTS IN GOMBE LOCAL GOVERNMENT AREA, GOMBE STATE - NIGERIA

Facteurs Prédictifs de l'Utilisation de Substances Psychoactives chez les Adolescents des Écoles Secondaires dans la Zone de Gouvernement Local de Gombe, État de Gombe – Nigeria

[1,2]Raymond Mercy Poksireni, [1]Daniel Garbeya Ezra, [1]Adeniji Yasangra Rabo, [1,2]Jalo Iliya, [3,4]Lasebikan Victor Olufolahan

[1]Department of Paediatrics, Federal Teaching Hospital, Gombe. [2]Department of paediatrics, Gombe State University, Nigeria. [3]Department of Psychiatry, University College Hospital, Ibadan, Oyo State Nigeria. [4]Department of Psychiatry, University of Ibadan, Ibadan Nigeria.

Background: Psychoactive substance use among adolescents presents a significant global challenge, contributing notably to morbidity and mortality. Adolescence is a critical developmental phase that is marked by various psycho-social hurdles, yet local data on predictors of substance use remains scarce. This study aims to illuminate these issues within Gombe State, providing essential data for evidence-based interventions.

Methodology: A cross-sectional study was conducted between March and August 2018, employing a multistage sampling technique to recruit a random sample of 368 adolescents from 12 secondary schools in Gombe Local Government Area. Participants completed the WHO Alcohol, Smoking and Substance Involvement Screening Test for the Young (ASSIST-Y) alongside a socio-demographic questionnaire. Adolescents taking prescribed psychoactive medication were excluded. Ethical clearance and informed consent were obtained prior to data collection.

Results: Of the 368 participants analyzed, 245 (66.6%) were males giving a male-to-female ratio of 1.9:1. The mean age was 15.6 ± 1.2 years. The lifetime prevalence of psychoactive substance use was 17.4% with 7.6% reporting current use (within the past three months). Tobacco was the commonest substance abused 38/368(10.1%) followed by opioids 26/368(7.1%). Significant associations were observed for lifetime substance use among males, those aged 15-17 years, students in public schools, and adolescents with family or peer substance use (p <0.05). The study identified Family-member substance use: (OR = 4.7, 95% CI 1.93 – 11.54) and Peer substance use: (OR = 5.6, 95% CI 2.08 - 15.11) as predictors of current substance use.

Conclusion: The study highlights the prevalence of psychoactive substance use among adolescents in Gombe, with significant predictors linked to familial influence, and peer associations. Further research is required for effective prevention.

Keywords: Adolescents; Self-reported; Psychoactive-substance use; Predictors; Gombe

A56

A STUDY OF COGNITIVE FUNCTION IN NIGERIAN PATIENTS WITH SCHIZOPHRENIA, THEIR FIRST-DEGREE RELATIVES AND HEALTHY CONTROLS

Une étude de la fonction cognitive chez les patients nigérians atteints de schizophrénie, leurs parents au premier degré et des témoins sains

[1]*N. K. Orjinta, [2]J. Kajero, [3]O. Esan

[1]Consultant Psychiatrist, College of Medicine, Veritas University Abuja, FCT, Nigeria. [2]Consultant Psychiatrist, Federal Neuropsychiatric Hospital Yaba, Lagos, Nigeria. [3]Consultant Psychiatrist, Department of Psychiatry, University College Hospital, Ibadan, Oyo State, Nigeria.
Corresponding email: nancykenechi@gmail.com

Background: Schizophrenia is a severe psychiatric condition with cognitive symptoms infrequently assessed clinically, yet, they impact the functioning of patients. Cognitive impairments have been found more in unaffected relatives of patients with schizophrenia, compared to healthy controls, suggesting them as endophenotypes of schizophrenia. There are few studies in Nigeria and Africa on these.

Objective: To assess cognitive functioning and its correlates in patients with schizophrenia, their first-degree relatives, and healthy controls.

Methods: 120 participants in each of the three groups were matched accordingly and assessed with the Brief Assessment of Cognition in Schizophrenia (BACS), Observable Social Cognition: A Rating Scale (OSCARS), Brief Negative Symptom Scale (BNSS), and other clinical scales. Standardized z-scores were calculated as appropriate.

Results: Patients had significantly greater cognitive impairment (p < 0.001) and poorer functioning (p < 0.001) compared to the other two groups. Relatives had worse cognitive impairment than controls, without a significant difference between them. Prevalence of cognitive impairment was 68.3%, 32.5%, and 28.3% for patients, relatives, and controls respectively (p ⩽ 0.001). Worse patient clinical state, including negative symptoms and use of anticholinergics, were associated with poorer cognitive performance.

Conclusions: This study provided needed Nigerian data on cognitive function using standard brief instruments. The results affirm cognitive deficits as significant symptoms in patients with schizophrenia and also as possible endophenotypes of the disorder. Modifiable correlates of cognitive impairment were identified. More routine clinical assessment of cognitive function and research for possible treatments for cognitive impairments are necessary. Continued search for endophenotypes or other predictors of individuals at risk of schizophrenia should be encouraged.

Conflict of interest: The authors declare no conflict of interest.

Keywords: Cognitive function, schizophrenia, first-degree relatives, control.

A57

UNDERSTANDING THE PREVALENCE OF GAMBLING IN NIGERIA: A COMPREHENSIVE INVESTIGATION

Comprendre la Prévalence des Jeux d'Argent au Nigeria : Une Enquête Complète

[1]*N. K. Orjinta, [2]V. O. Udenze, [3]O. K. Ogunla, [4]I. C. Anazodo, [5]J. E. Ukpoju, [6]A. T. Naibo

[1.]Consultant Psychiatrist, The Oleaster Wellbeing and Recovery Centre, Abuja; Lecturer, College of Medicine, Veritas University Abuja, FCT, Nigeria. [2.]Consultant Psychiatrist, Synapse Services, Abuja FCT, Nigeria. [3.]Clinical Psychologist, Primly Services, Abuja FCT, Nigeria. [4.]Clinical Psychologist, Synapse Services Port Harcourt, Rivers State, Nigeria.

[5.] Clinical Psychologist, The Olive Prime Premium Psychological Services, Abuja FCT, Nigeria. [6.]Clinical Psychologist, Synapse Services Awka, Anambra State, Nigeria.
Corresponding email: Nancykenechi@gmail.com

Background: There has been an increase in gambling or betting in the population, increasing the risk of gambling-related disorders. There is insufficient knowledge about the extent and determinants of this problem across Nigeria.

Objective: To assess the prevalence, pattern, and sociodemographic correlates of gambling behaviour across different geopolitical zones in Nigeria.

Methods: Nigerian citizens of diverse age groups were conveniently sampled from the North-Central, South-East, South-South and South-West geopolitical zones of the country. A self-paced, pre-tested gambling questionnaire designed for the study was used to collect relevant data.

Results: 310 Nigerians were included in this study and were mostly between the ages of 18 to 27 (44.2%) years. The study revealed a high prevalence (40.3%) of gambling behaviours among the participants. Among those engaged in gambling, "Bet9ja" emerged as the predominant platform. The desire to 'make money' was the most prevalent driver of gambling among participants (62.4%). A significant association was seen between respondents' knowledge and perceptions of gambling and their propensity to gamble (p < 0.001). Various sociodemographic factors (sex, marital status,

socioeconomic status, and geopolitical zone) were also significantly associated with gambling.

Conclusions: The study shows the notable prevalence of gambling in Nigeria and highlights its associations with sociodemographic factors, perceptions, and patterns of gambling which should be considered in strategies to mitigate gambling-related problems. This research bridges gaps by incorporating data from diverse geopolitical zones, providing a more representative population study.

Conflict of interest: The authors declare no conflict of interest.

Keywords: Prevalence, gambling, strategies to mitigate gambling-related problems

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PREVALENCE, FORMS, COPING STRATEGIES, CONSEQUENCES AND RISK FACTORS OF DOMESTIC VIOLENCE AMONG WOMEN OF CHILDBEARING AGE IN AKWA IBOM STATE, NIGERIA: A RURAL-URBAN COMPARISON BY ENEH NCHIEK EDET

Prévalence, Formes, Stratégies d'Adaptation, Conséquences et Facteurs de Risque de la Violence Domestique chez les Femmes en Âge de Procréer dans l'État d'Akwa Ibom, Nigeria : Une Comparaison Rurale-Urbaine

[1]*N. E. Eneh, [2]U. S. Ekanem, [3]M. O. Oche

[1]*Public health directorate, State Ministry of Health, AKS*

[2]*Department of Community Health, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State.* [3]*Department of Community Health, Usman Danfodio University, Sokoto*
Corresponding email: nchiekeneh@gmail.com

Domestic violence (DV) is a 'pandemic' with an estimated 30% of women experiencing violence by their intimate partner. This study aimed to determine and compare the prevalence, forms, risk factors, coping strategies, and consequences of DV among WCBA in rural and urban areas in Akwa Ibom State (AKS).

The study, conducted in 2022, was a comparative cross-sectional study that used a mixed method of data collection. Four communities were chosen via multistage sampling, three in rural and one in urban areas. A total of 1,054 respondents participated in the survey. An interviewer-administered semi-structured questionnaire and FGD guide were used for data collection. The response rate was 99%. Both descriptive and inferential data analysis were used to answer the research questions. Statistical significance was set at p < 0.05.

The results showed that DV was prevalent in urban and rural areas in the 12 months that preceded the study (36.4 and 36.

2%). Physical, verbal and sexual abuse were more prevalent in urban areas than rural areas (41.6% vs 38.7%,65.7% vs 63.4% and 39.5% vs 25.6% respectively) p = 0.001. Moreover, the odds of emotional abuse also increased eight-fold in urban than in rural areas while FGD showed physical violence as prevalent and the most harmful effect of DV was noted in rural areas than urban.

It was concluded that the prevalence of DV among WCBA in both rural and urban areas in AKS was high with verbal violence being the highest. Various forms and risk factors of DV were more prevalent in urban than rural areas.

Keywords: Domestic violence, coping strategies, Akwa Ibom state, women of child bearing age

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COMPARATIVE STUDY BETWEEN DIABETIC AND NON-DIABETIC CORONARY PATIENTS IN CARDIOVASCULAR REHABILITATION IN DAKAR, SENEGAL

Étude Comparative Entre les Patients Coronariens Diabétiques et Non-Diabétiques en Rééducation Cardiovasculaire à Dakar, Sénégal

[1,2]*A. A. Ngaide, [1,2]N. D. Gaye, [1,3]M. M. Ka, [1,4]J. S. Mingou, [2]U. S. Ralaizandry, [1,2]A. Kane

[1] *Faculty of Medicine, Cheikh Anta Diop University, Dakar, Senegal.* [2] *Cardiology Department, Dalal Jamm Hospital, Dakar, Senegal.* [3] *Cardiology Department, Principal Hospital, Dakar, Senegal.* [4] *Cardiology Department, Aristide Le Dantec Hospital, Dakar, Senegal.*

Introduction: Cardiac rehabilitation is crucial in managing coronary disease, particularly in type 2 diabetes, yet it remains almost non-existent in West Africa.

Objectives: This study aimed to compare the profiles of diabetic and non-diabetic coronary patients undergoing cardiac rehabilitation at the Principal Hospital of Dakar, Senegal.

Methodology: A comparative, descriptive, and analytical study was conducted from January 2019 to December 2022 involving two groups of coronary patients (diabetic and non-diabetic) at the rehabilitation centre. Patients who completed at least 10 sessions were included. We analysed sociodemographic, clinical, and paraclinical data before and after rehabilitation, as well as therapeutic adherence. Data analysis was performed using SPSS version 18, with a significance level set at 0.05.

Results: A total of 199 coronary patients participated, including 75 diabetics and 124 non-diabetics. The average age was 61.6 ± 8.3 years for diabetics and 59.8 ± 12.4 years for non-diabetics, with a male predominance (sex ratio: 2 for

diabetics and 3.9 for non-diabetics). In diabetics, the main cardiovascular risk factors were age (80%), hypertension (62.7%), physical inactivity (57.3%), dyslipidaemia (40%), and smoking (33.3%).

Cardiac rehabilitation significantly improved clinical symptoms and parameters such as systolic blood pressure, heart rate, and abdominal obesity in diabetic patients. Glycated haemoglobin levels were balanced in 70.4%, an improvement of 40.8%. Rehabilitation had a greater impact on METS improvement and adherence in diabetic patients, along with reduced depression.

Conclusion: Cardiac rehabilitation improves control of cardiovascular risk factors, but its availability and accessibility need improvement.

Keywords: Coronary disease, Diabetes, Cardiac rehabilitation, Senegal.

A60

STRONGYLOIDIASIS CAUSING BOWEL PERFORATION: RARE COMPLICATION
Strongyloïdose Causant une Perforation Intestinale : Complication Rare

[1]*U. Mohammed, [2]N. Musa, [1]K. O. Ekochin, [1]Y. Dantuni, [1]H. I. Wasagu

[1.] Departments of Histopathology, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria. [2.] Departments of Surgery (Paediatrics Surgery Unit), Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria. Correspondence: Mohammed Umar. Email: umarsambas@yahoo.co.uk

Background: Strongyloidiasis is a soil-transmitted helminth infection caused by Strongyloides Stercoralis, mostly in tropical and sub-tropical regions, affecting over 600 million people worldwide. Infection is more prevalent among those who are socioeconomically disadvantaged, institutionalized, or residing in rural areas. Parasitic adult females reside in the duodenum or stomach and produce eggs that hatch in the mucosa. Chronic infection may be asymptomatic or be associated with dermatological, respiratory, or gastrointestinal symptoms. The diagnosis of *S. stercoralis* is often delayed due to the presence of subclinical or poorly symptomatic cases, the usually low parasite load and irregular larvae output, and the lack of a gold standard diagnostic test. We present an unusual case of a 13-year-old female patient with intestinal perforation due *Strongyloides Stercoralis* infection.

Case Report: We present a 14year old female, who presented with features of acute abdomen and was operated on an account of intestinal perforation due to Typhoid ileitis in a private hospital, due to worsening condition the patient was referred to our Teaching Hospital, where she had laparotomy and small bowel resection due to probably typhoid ileitis not properly managed, the sample was submitted for histopathology test. An area of intestinal ulcers and perforation, adult worm, and ova of parasite lodged within the mucosa and crypts of small intestine consistent with *Strongyloides Stercoralis* was seen.

Conclusion: We report a rare case of intestinal perforation due *Strongyloidiasis*. In endemic areas, other Neglected Tropical Diseases should also be considered as differential diagnoses of acute abdomen and the associated unusual complications like intestinal perforation.

Keywords: Strongyloidiasis, Bowel, Perforation.

A61

HEALTH-RELATED QUALITY OF LIFE AND ITS ASSOCIATED FACTORS IN PERSONS WITH TYPE 2 DIABETES MELLITUS ATTENDING THE UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO-STATE, NIGERIA
Qualité de Vie Liée à la Santé et ses Facteurs Associés chez les Personnes Atteintes de Diabète de Type 2 Fréquentant l'Hôpital Universitaire de Benin, Benin City, État d'Edo, Nigeria

[1]*O. Nnaecheta, [1]O. A. Ohenhen, [1]A. Eregie

[1]All of Endocrinology, Diabetes and Metabolism Unit, Department of Medicine, University of Benin Teaching Hospital, Benin-city, Edo-state, Nigeria.
Corresponding author: Dr Obiageli Nnaecheta, Email: drobynnaecheta@gmail.com

Background: Health-related quality of life (HRQoL) is an important Patient-Reported Outcome Measure (PROM) for evaluating outcomes in patients with chronic diseases such as diabetes mellitus (DM). With the rising prevalence of Type 2 diabetes worldwide, especially in developing countries such as Nigeria, there is a need to study the impact of the disease and its treatment on the quality of life of the patients.

Objectives: The objectives of this study were to assess the HRQoL of persons with type 2 diabetes and determine the medical factors and socio-demographic variables associated with it.

Methods: 150 patients with Type 2 diabetes were recruited for this Institution-based cross-sectional study. Seventy-five (75) age and sex-matched controls were also recruited for the study. A structured questionnaire was used to collect data on socio-demographic and clinical variables. The World Health Organization quality of life-abbreviated tool (WHOQoL-

BREF) was used to assess the quality of life of the respondents. Physical examination and anthropometric measurements were done according to standard protocols. Samples were collected for fasting blood glucose and HbA_{1c}. Multivariate logistic regression was employed to identify the predictors of HRQoL among persons with type 2 diabetes.

Results: The study population was predominantly females (68.7%) with a female: male ratio of 2:1. The mean (SD) overall HRQoL scores in subjects with type 2 diabetes and control sub-groups were 59.5(11.9) and 66.7(10.9) respectively, (p= <0.001). The mean HRQoL scores across all four domains were also lower in the type 2 diabetic arm compared with the controls. The factors significantly associated with HRQoL were: Age, educational level, level of income, duration of illness, presence of chronic complications, glycaemic control and co-morbidities (p <0.05). Older age and poor glycaemic control were identified as significant predictors of poor quality of life.

Conclusion: The findings from this study indicate that all dimensions of the HRQoL of persons with type 2 diabetes were reduced compared to their age and sex-matched controls. This entails the need for interventions that will address the associated factors, beyond the provision of standard treatments so as to improve the quality of life of these patients.

Keywords: type 2 diabetes, health-related quality of life, associated factors.

A62

ENHANCED ADHERENCE COUNSELLING AND VIRAL LOAD SUPPRESSION AMONGST PEOPLE LIVING WITH HIV (PLHIV) IN A GOVERNMENT HOSPITAL IN RIVERS STATE, NIGERIA
Conseil d'Adhésion Renforcé et Suppression de la Charge Virale chez les Personnes Vivant avec le VIH (PVVIH) dans un Hôpital Public de l'État de Rivers, Nigeria

[1]*N. O. Nnadi, [1]J. Sokolo, [1]I. Yoko
[1]Department of Family Medicine, Rivers State University Teaching Hospital, Port Harcourt
Corresponding email: drnnennadi@gmail.com

Background: Antiretroviral therapy (ART) remains the primary treatment for Human immunodeficiency virus (HIV) infection, aiming to reduce viral replication and mortality, but this requires lifelong adherence. To achieve viral load suppression [VLS] (below 1000 copies/ml), the World Health Organization (WHO) recommends annual viral load measurements and enhanced adherence counseling (EAC).

Objectives: This study aims to determine the prevalence of VLS following EAC amongst the virally unsuppressed PLHIV at the Rivers State University Teaching Hospital (RSUTH) and the factors influencing their virology outcomes.

Methods: A retrospective descriptive review of records of 330 virally unsuppressed PLHIV from September 2021–March 2023 at RSUTH.

Sampling method: Random sampling method (table of random numbers and selecting the assigned ones till the sample size was achieved), of non-pregnant, PLHIV, aged 18 years and above with VLs >1,000 copies/ml after at least 6 months on ART and a comprehensive 3 sessions of monthly EAC support programme after which viral load estimations were done on the 4th month after EAC, to assess outcomes.

Ethical approval was obtained from the RSUTH ethical committee and informed consent was received from the ART management team. Data was collated, and associations were analysed with statistical significance set at a p-value of $\leqslant 0.05$

Results: The prevalence of VLS after EAC3 (three sessions) was 70.9%. Higher preponderances were recorded among the females (51.5%), middle-aged (73.3%), unemployed (71.1%), those on first-line ART regimen (71.3%), CD4 count of <200cells/mm^3, and statistically significant levels in those with < five years antiretroviral treatment (79.5%) with X^2 = 19.418, p-value = 0.000. There were also significant logistic regression scores (4.119, p =0.042 and 41.173, p =0.000, respectively) for VLS levels after EAC2 and EAC3. Participants with an initial VL of <100,000 copies/ml recorded the highest VLS of 71.8%.

Discussion: The viral load suppression rate of 70.9% after EAC3, observed in this study is consistent with results from several similar studies across sub-Saharan Africa ranging from 66.4% to 74%. This signifies a good uptake of the EAC by patients as well as good interventional outcomes.

Conclusion: Strict administration of EAC for at least three sessions with viral load monitoring is helpful in achieving viral suppression and contributes to achieving the UNAIDS 95-95-95 goals in PLHIV in Nigeria and should be intensified.

Keywords: Antiretroviral therapy, Enhanced adherence counseling, Viral load suppression.

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DEVELOPMENTAL DELAY AND ASSOCIATED FACTORS AMONG UNDER-FIVE CHILDREN: A COMPARATIVE STUDY OF RURAL AND URBAN AREAS IN OYO STATE
Retard de Développement et Facteurs Associés chez les Enfants de Moins de Cinq Ans : Une Étude Comparative des Zones Rurales et Urbaines de l'État d'Oyo

[1]O. O. Olabumuyi, [1,2]*O. C. Uchendu, [1]E. A. Oyewole E. A

[1]Department of Community Medicine, College of Medicine, University of Ibadan, Oyo State, Nigeria. [2]Department of Community Medicine, University College Hospital, Ibadan, Oyo State, Nigeria.

Corresponding Author: Uchendu O. C., Email: obioma234@gmail.com

Background: Developmental delay, characterized by a child's failure to achieve expected milestones in one or more developmental domains, is prevalent in Sub-Saharan Africa, where two-thirds of children under five are at risk, exacerbated by limited early screening.

Objectives: This study assessed the prevalence and factors associated with developmental delay among under-five children in rural and urban areas of Oyo State, Nigeria.

Methods: This comparative cross-sectional study utilizing cluster sampling was used to select 1,839 children aged 3 to 4 years. A semi-structured questionnaire adapted from the Nigeria Demographic Health Survey, the Multiple Indicator Cluster Survey Early Childhood Development Index (MICS ECDI), and a literature review were used to collect data on child demographics, nutritional characteristics, and developmental delay across four domains (physical, social-emotional, learning approach, and literacy-numeracy). Analysis was done using STATA which included descriptive and inferential statistics.

Results: The mean age was 3.5 ± 0.5 years with slight male predominance in both rural (51.1%) and urban (51.4%) areas. Overall developmental delay was comparable in rural (39.8%) and urban (36.6%) areas. Physical delay was the most common (rural: 55.7%, urban: 52.5%), while learning approach delay was the least prevalent (rural: 15.9%, urban: 18.3%). Child's age, wealth quintile and exclusive breastfeeding predicted overall developmental delay in both rural and urban LGAs.

Conclusions: There is little variance in the overall prevalence of developmental delay across rural and urban areas, though it remains prevalent in both settings. While risk factors are similar, tailored interventions are necessary to address them effectively.

Keywords: Developmental delay, Child development, Under-5-children, Rural, Urban

Key message: Developmental delay, the identified early indication of developmental disability, which poses a risk to child survival interventions and is common in both rural and urban areas of Nigeria.

Conflict of interest: None.

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ATRIAL FIBRILLATION IN WEST AFRICA: LESSONS GLEANED FROM THE IBADAN AF PROJECT

Fibrillation Auriculaire en Afrique de l'Ouest : Leçons tirées du Projet FA d'Ibadan

[1]*O. S. Ogah, [1]O. A. Orimolade, [1]A. Adebiyi, [3]W. A. Shokunbi, [2]A. Aje, [2]M. O. Owolabi, [1]A. O. Falase

[1]Cardiology Unit, Department of Medicine, University of Ibadan/University College Hospital, Ibadan, Nigeria. [2]Neurology Unit, Department of Medicine, University of Ibadan/University College Hospital, Ibadan, Nigeria. [3]Department of Haematology, University of Ibadan/University College Hospital, Ibadan.

Email: osoogah56156@gmail.com

Introduction/Background: There is still little data on clinical profile and atrial fibrillation (AF) characteristics in West Africa. Traditionally the risk factor for chronic AF in the sub-region is chronic rheumatic heart disease. However, with the rapid demographic and epidemiologic transition in the sub-region, the risk factors, clinical profile, and complications of AF appear to be changing.

Objective(s): The aim of this study is therefore to describe the contemporary clinical profile and characteristics of AF in Ibadan, Nigeria.

Methods: This is a prospective observational study that commenced on June 1, 2016. All adults aged 18 years and above with electrocardiographic diagnoses of AF were included in the study. The case report form included socio-demographic data, clinical information, risk factors, management, and clinical outcomes.

Results: Three hundred and fifty-seven (357) patients were recruited (mean age 63.4(14.6) years, males 189 (52.9%). In terms of clinical subtypes, the distribution is as follows: permanent- 219(61%), persistent – 88(25%), paroxysmal-51(14%) There was none with lone AF in this cohort. 112 (31%) had previous AF. The common co-morbidities are hypertension, heart failure, and valvular heart disease. 318(89%) had a CHA2D2VASC score of 2 or more. In terms of management, rate control was the commonest strategy (64.4%), and beta-blockers and/or digoxin were commonly prescribed. 73(64.6%) were on anticoagulation, but only 30% achieved adequate anticoagulation.

Conclusions: Non-rheumatic, non-atherosclerotic conditions are the common risk factors for AF in Ibadan, Nigeria. Measures to prevent stroke as well as control of risk factors for AF should be emphasized.

Keywords: Atrial fibrillation, lessons gleaned, Ibadan AF project

A65

THE IBADAN CHRONIC HEART FAILURE REGISTRY: RATIONALE, DESIGN AND GENDER DIFFERENCES IN THE INITIAL 1290 PARTICIPANTS

Registre de l'Insuffisance Cardiaque Chronique d'Ibadan : Justification, Conception et Différences de Genre parmi les 1290 Premiers Participants

[1]*Okechukwu S. Ogah, [2]Taiwo A. Adedokun, [2]Dike B. Ojji, [3]Oni Opeyemi, [3]Akintunde A. Abiodun, [4]Sadiq H. Ringim, [4]Sabiu M. Hamza, [5]Raphael Anakwue, [5]Peter Mba, [6]Ido E. Ukpeh, [6]Okezie Uba-Mgbemena, [7]Oladipupo O. Fasan[7], [7]Elizabeth T. Emmanuel, [8]Muhammad N. Shehu, [9]Sanusi Garba, [10]Taiwo Olunuga, [10]Saheed O. Adebayo, [11]Maduka Chiedozie James, [11]Offia E. Mark, [12]Folasade A. Daniel, [12]Ayotunde Raheem, [13]Iheonye Henry O., [14]Ugoeze Nneka Iloeje, [14]Chesa Abram Mankwe, [15]Suraj A. Ogunyemi, [15]Olumide A. Akinyele, [16]Freedom Enerho, [16]Ejiroghene M. Umuerri, [17]Tolulope T. Shogade, [17]Aquaowo U. Udosen[17], [18]Emmanuel Auchi Edafe,[18]C. E. Nwafor, [19]Muhammad A Usman, [19]Kamilu M. Karaye, [1]Adewole Adebiyi

[1]Cardiology Unit, Department of Medicine, University College Hospital, Ibadan. [2]University of Abuja Teaching Hospital, Gwagwalada. [3]Lautech Teaching Hospital, Ogbomoso. [4]Rasheed Shekoni Federal University Teaching Hospital, Dutse. [5]University of Nigeria Teaching Hospital, Enugu. [6]University of Calabar Teaching Hospital, Calabar. [7]Cardiology Unit, Department of Internal Medicine, National Hospital Abuja. [8]General Amadi Rimi Specialist Hospital, Katsina. [9]Federal Teaching Hospital, Katsina. [10]Federal Medical Centre, Abeokuta. [11]Federal Medical Centre, Umuahia. [12]Lagos State University Teaching Hospital, Ikeja. [13]Federal Teaching Hospital, Lokoja. [14]Federal Medical Centre, Yenagoa. [15]Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife. [16]Delta State University Teaching Hospital, Oghara. [17]University of Uyo Teaching Hospital, Uyo. [18]Department of Medicine, UPTH, PortHarcourt. [19]Aminu Kano Teaching Hospital, Kano.

Corresponding author: Dr Okechukwu .S Ogah, Email: osogah56156@gmail.com

Introduction/Background: Chronic heart failure (CHF) has important gender-specific aspects, which are worthy of note, as they influence the haemodynamic state of patients, the choice of therapy, aetiology, and clinical outcomes. Women are less frequently represented in CHF studies and clinical trials than males. While some published data are conflictive, more studies tailored to this critical discourse are necessary to inform patient care and improve outcomes in patients with CHF.

Objectives: The study aims to describe the rationale, design and clinical presentations, profile, and 1-year outcomes of the first 1290 CHF in the Ibadan CHF project.

Materials/Methods: We analyzed the differences between the genders regarding the aetiology of heart disease, comorbidities, triggers, left ventricle functional state, treatment, and all cause-mortality at 1 year.

Results: A total of 1290 patients (55.8% men) were included. The men were older than the women (p<.001) and had a higher prevalence of alcohol and cigarette use, comorbidities, and worse cardiac structural abnormalities (p<.001). The are also gender differences in the pattern of aetiology of HF. HHF, DCM, and pericardial diseases are more common in men. Women have higher rates of rheumatic heart disease. Mortality rates at 6- and 12 months were higher in men.

Conclusions: There is a gender difference in clinical profile and outcomes of CHF in this cohort. Males appear to have a worse clinical profile, structural cardiac abnormalities as well as worse one-year outcomes.

Keywords: Comorbidity; Gender; Heart failure; Prognosis; Sex; Treatment

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THE NIGERIAN ATRIAL FIBRILLATION NATIONAL REGISTRY: RATIONALE, DESIGN AND EARLY FINDINGS

Registre National de la Fibrillation Auriculaire Nigériane : Justification, Conception et Premières Conclusions

[1]*Okechukwu S. Ogah, [2]Taiwo A. Adedokun, [2]Dike B. Ojji, [3]Oni Opeyemi, [3]Akintunde A. Abiodun, [4]Sadiq H. Ringim, [4]Sabiu M. Hamza, [5]Raphael Anakwue, [5]Peter Mba, [6]Ido E. Ukpeh, [6]Okezie Uba-Mgbemena, [7]Oladipupo O. Fasan, [7]Elizabeth T. Emmanuel, [8]Muhammad N. Shehu, [9]Sanusi Garba[9], [10]Taiwo Olunuga, [10]Saheed O. Adebayo, [11]Maduka Chiedozie James, [11]Offia E. Mark, [12]Folasade A. Daniel, [12]Ayotunde Raheem, [13]Iheonye Henry O, [14]Ugoeze Nneka Iloeje, [14]Chesa Abram Mankwe, [15]Suraj A. Ogunyemi, [15]Olumide A. Akinyele, [16]Freedom Enerho, [16]Ejiroghene M. Umuerri, [17]Tolulope T. Shogade, [17]Aquaowo U. Udosen, [18]Emmanuel Auchi Edafe, [18]C. E. Nwafor, [19]Muhammad A. Usman, [19]Kamilu M. Karaye, [1]Adewole Adebiyi

[1]Cardiology Unit, Department of Medicine, University College Hospital, Ibadan. [2]University of Abuja Teaching Hospital, Gwagwalada. [3]Lautech Teaching Hospital, Ogbomoso. [4]Rasheed Shekoni Federal University Teaching Hospital, Dutse. [5]University of Nigeria Teaching Hospital, Enugu. [6]University of Calabar Teaching Hospital, Calabar. [7]Cardiology Unit, Department of Internal Medicine, National Hospital Abuja. [8]General Amadi Rimi Specialist Hospital, Katsina. [9]Federal Teaching Hospital, Katsina. [10]Federal Medical Centre, Abeokuta. [11]Federal Medical Centre, Umuahia. [12]Lagos State University Teaching Hospital, Ikeja. [13]Federal Teaching Hospital, Lokoja. [14]Federal Medical Centre, Yenagoa. [15]Obafemi Awolowo University Teaching

Hospital Complex, Ile-Ife. [16]*Delta State University Teaching Hospital, Oghara.* [17]*University of Uyo Teaching Hospital, Uyo.* [18]*Department of Medicine, UPTH, PortHarcourt.* [19]*Aminu Kano Teaching Hospital, Kano.*

Corresponding author: Dr Okechukwu .S Ogah, Email: osogah56156@gmail.com

Introduction/Background: Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia. The AF Atrial Fibrillation Registry, which commenced in June 2023, was designed to provide clinical epidemiological data on patients with AF in the country.

Objective(s): The objective is to describe the rationale, design, and early findings from the registry.

Materials/Methods: This is a prospective clinical registry of adult patients aged 18 years and above with AF.

Results: The registry so far included 276 patients who met the eligibility criteria. There were 146(52.8%) males (mean age-63.3(14.13) years) and 130 (47.1%) females (mean age-59.3(17.58) years) Cardiovascular risk profile of the patients with AF was cigarette smoking (current/previous 2(38 %)), hypertension 203(74%), diabetes 28(10.3%), and family history of CVD 56(20.6%). The median CHADVASC score is 3(IQR - 2,4). Rate control was the most frequent management strategy. Eighty-seven (87) have completed 6 months of follow-up, 10(11%) were re-hospitalized, and 9(10.3%) died.

Conclusions: Compared to developed countries, our patients with AF are relatively young and have lower rates of diabetes mellitus but higher rates of hypertension. Rate control is the main strategy used for managing AF. Mortality is high at one year but lags behind re-hospitalization. This may provide an opportunity for intervention.

Keywords: Atrial fibrillation, Arrhythmia, Rhythm abnormality, Risk factors, Outcome, Ibadan.

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PREDICTORS OF IN-HOSPITAL MORTALITY AMONG ACUTE ISCHAEMIC STROKE PATIENTS IN A TERTIARY HEALTH INSTITUTION IN NIGERIA

Facteurs Prédictifs de la Mortalité Hospitalière chez les Patients atteints d'Accident Vasculaire Cérébral Ischémique Aigu dans une Institution de Santé Tertiaire au Nigeria

[1]****S. Ogbamgba,*** [2]***A. Ogunniyi,*** [3]***A. C. Onwuchekwa,*** [1]***E. Nwazor,*** [3]***S. Chinenye,*** [1]***C. Alikor***

[1]*Rivers State University Teaching Hospital.* [2]*University College Hospital, Ibadan.* [3]*University of Port-Harcourt Teaching Hospital, Rivers State.*

Introduction: Stroke is a disease of immense public health importance with grave economic and social implications and the public health burden of stroke is set to rise over future decades particularly in developing countries. Acute ischaemic stroke is a significant cause of morbidity and mortality globally, constituting a major challenge to healthcare systems in developing countries. Ischaemic stroke accounts for about 62.4% - 80% of strokes. The mortality rate (16.2 – 30%) among patients with acute ischaemic stroke (AIS) is high despite advances in stroke care in many tertiary health institutions in Africa. The prevalence of stroke in Rivers State is 13.31/1000 which is higher than the 7.7/1000 reported in Nigeria with significant mortality. Understanding and identifying the key predictors of in-hospital mortality of AIS can provide insights into the intricacies of stroke care in a tertiary health institution and guide the strategies to reduce these adverse outcomes.

This study aimed to determine the predictors of mortality among acute ischaemic stroke patients at the University of Port-Harcourt Teaching Hospital, Rivers State.

Methods: This was a prospective study conducted at the University of Port-Harcourt Teaching Hospital (UPTH) over 10 months (January 2023 – October 2023). Consecutive consenting adult patients with both clinical and radiological confirmation of acute ischaemic stroke within one week of symptom onset were recruited into the study. The National Institutes of Health Stroke Scale (NIHSS) was used to assess stroke severity on presentation, while the short-term mortality rate was calculated**.** Patients were managed conservatively in line with recommended guidelines. Relevant clinical data were collected and analyzed using the using the Statistical Package for Social Sciences (SPSS) version 26. Odd ratio was calculated in a multivariate model to determine the predictors of in-hospital mortality among acute ischaemic stroke patients. A p-value of <0.05 was considered statistically significant.

Result: Out of the 110 participants studied, 51.8% were males and 48.2% were females with a female-to-male ratio of 1:1.1 and mean age of 60.1 (SD± 11.1) years. Hypertension was present in 90.9%, followed by dyslipidaemia (41.8%) and diabetes mellitus (39.1%). Hemiparesis (94.5%) and dysphasia (79.1%) were the most common neurological deficits observed. Approximately 56% of the participants had moderate stroke severity (NIHSS: 5 - 15) at presentation. Small vessel occlusion was the commonest ischaemic subtype accounting for about 41.7%. The most common neurological complications were delirium 71 (64.5%) and dysphagia 58 (52.7%) while the most frequent medical complications were bladder incontinence 59 (53.6%) and chest infection 57 (51.8%). The 30-day mortality rate was 20% (22) with most of the deaths occurring after the first

seven days of hospitalization. Significant predictors of poor stroke outcome were coma at presentation, presence of neurological complications (such as delirium and dysphagia), and large infarct size of >50ml.

Discussion: This study observed that the sex distribution of males and females was similar. This suggests that the prevalence of stroke may be rising in females possibly due to increasing prevalence of gender-related factors such as oral contraceptive use and use of hormonal therapies pregnancy-related disorders (preeclampsia, gestational hypertension), and a higher prevalence of migraine. The study revealed that the predictors of poor stroke outcome were coma at presentation, presence of neurological complications (such as delirium and dysphagia), and large infarct size of >50ml. Dysphagia is a major risk factor for aspiration pneumonitis which is associated with high mortality among admitted AIS patients. The mortality rate in our study was comparable to the findings from a similar study by Sarbazi et al (21.7%). Higher values have been observed in similar studies in Nigeria (Ogun et al). However, the increased mortality recorded in this study was due to late hospital presentation, lack of intensive monitoring devices, and the presence of neurological complications.

Conclusion: Ischaemic stroke remains a significant medical cause of mortality among hospitalized patients. Enlightenment with a focus on aggressive stroke risk factor control and timely identification and management of poor outcome predictors in stroke patients will go a long way in improving stroke outcome parameters. Lastly, there is a need to step up efforts towards providing acute stroke care infrastructures such as stroke units in our tertiary health institution. This effort might hopefully help reduce stroke mortality among hospitalized AIS patients in resource-constrained settings.

Keywords: In-hospital mortality, acute ischaemic stroke, tertiary health institution

A68

MORBIDITY AND MORTALITY PATTERN AMONG HOSPITALIZED OLDER ADULTS: THE NATIONAL HOSPITAL ABUJA GERIATRIC UNIT EXPERIENCE
Profil de Morbidité et de Mortalité chez les Adultes Âgés Hospitalisés : L'Expérience de l'Unité Gériatrique de l'Hôpital National d'Abuja

[1]*O. Osi-Ogbu O, [1]A. Shamsudeen, [1]S. Abdullahi
[1]National Hospital, Abuja, Nigeria.
Corresponding email: ogogbu@yahoo.com

Background: Understanding morbidity and mortality patterns among older adults is crucial for effective healthcare planning for Nigeria's aging population. This study aimed to determine the prevalence of mortality, assess morbidities, and identify mortality predictors among inpatient older adults managed by the Geriatric team of National Hospital Abuja.

Methods: A retrospective analysis of 110 inpatients aged ⩾ 60 years was conducted. Demographic data, diagnoses, length of stay, and outcomes were analyzed using descriptive statistics.

Results: The mean age was 76.71 ± 9.44 years, with equal gender distribution. Mortality prevalence was 27.3%. The most common morbidities were hypertension (56.4%), sepsis (50.0%), delirium (46.4%), diabetes (35.5%), and dementia (29.1%). The mean hospital stay was 15.88 ± 12.18 days. Acute renal failure was significantly associated with mortality (p = 0.042) and emerged as the strongest predictor (Adjusted OR = 3.232, 95% CI: 1.080 - 9.668p = 0.036). Age, gender, and length of stay were not significant predictors of mortality.

Conclusion: This study reveals a considerable mortality rate and a high prevalence of multi-morbidity among hospitalized older adults. Renal failure was the strongest mortality predictor, while hypertension, sepsis, and delirium were the common morbidities. Recommendations: Develop specialized geriatric care protocols, that include optimal management of prevalent conditions and routine renal function screening. These findings provide valuable insights for improving healthcare delivery for hospitalized older adults in Nigeria.

Keywords: Mortality, Morbidity, Older adults, Hospitalised

A69

USE OF NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM (NHMIS) INFORMATION AT FACILITY AND LOCAL GOVERNMENT LEVEL IN OYO STATE: A CASE FOR ARTIFICIAL INTELLIGENCE (AI) TOOLS
Utilisation des Informations du Système National de Gestion de l'Information Sanitaire (NHMIS) au Niveau des Établissements et des Gouvernements Locaux dans l'État d'Oyo : Un Cas pour les Outils d'Intelligence Artificielle (IA)

[1]O. G. Oluwatosin, [1]*O. A. Popoola, [1]E.T. Owoaje[1]
[1]Department of Community Medicine, University College Hospital, Ibadan, Nigeria.
Corresponding author: O.A. Popoola, Email: drpopee@gmail.com

Introduction: The National Health Management Information System (NHMIS) is vital for healthcare decision-making in Nigeria. However, effectiveness requires

optimal information use including at the facility and local government level.

Objective: We assessed the use of information derived from the NHMIS and factors associated with information use at selected facilities and Local Government Areas (LGAs) in Oyo State.

Methods: A cross-sectional survey was conducted in 54 facilities and nine LGAs among healthcare workers responsible for data management and reporting selected by multistage techniques. The Performance of Routine Information System Management (PRISM) tool which assesses seven domains of information use was utilised. Information used was summarised as a mean score on a 0 – 100-point scale with 95% confidence limits. A linear regression was fitted to identify predictors of information use at $\alpha - 0.05$.

Results: The use of information at the facility and LGA level were 42.2 ± 28.8 (95%CI 34.3 - 50.0) and 58.5 ± 39.8 (95%CI 28.0 -89.1) respectively. The positive predictors of use of information were the promotion of problem-solving skills $\beta=0.776$ (95%CI 0.031,1.522), the processes of checking data accuracy $\beta=0.715$ (95%CI 0.352,1.077), data collection $\beta=1.080$ (95% I 0.565,1.594), data transmission $\beta=0.945$ (95%CI 0.045, 1.846), data analysis $\beta= 0.636$ (95%CI 0.306, 0.966) and data display $\beta=0.488$ (95%CI 0.089,0.887).

Conclusion: Information use is modest at the facility and LGA level and depends on problem-solving, data collection, data analysis, and data display capacity which is often limited at these healthcare levels. AI tools that bridge these capacity gaps may improve NHMIS information use at the facility and LGA levels.

Keywords: Use of national health management information in local setting, artificial intelligence (AI) tools

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A70

AWARENESS AND PREVALENCE OF HYPERTENSION AMONG RURAL DWELLERS: A CROSS-SECTIONAL STUDY IN RURAL COMMUNITIES OF EBONYI STATE, NIGERIA

Sensibilisation et Prévalence de l'Hypertension chez les Résidents Ruraux : Une Étude Transversale dans les Communautés Rurales de l'État d'Ebonyi, Nigeria

F. I. Onwe

Department of Community Medicine, David Umahi Federal University Teaching Hospital, Uburu Ebonyi State, Nigeria. Email: fonwe012@gmail.com, Phone Number: 08068071246.

Background: Hypertension is a leading cause of premature death among non-communicable diseases especially in low and middle-income countries Sudden deaths are on the

increase in our rural communities especially among the middle-aged.

Objective: To ascertain the level of awareness and prevalence of hypertension among rural dwellers in Ebonyi State, Nigeria.

Methods: This was a cross-sectional study carried out in rural communities of Ebonyi State. A participant is classified as hypertensive if the systolic blood pressure is $\geq$ 140mmhg and/or diastolic blood pressure $\geq$ 90mmhg. The blood pressure measurement was carried out using a standard instrument and technique. Any person who was $\geq$ 18 years and resided in the community and gave consent was included in the study. Such persons who declined at the commencement of the study for whatever reason were excluded. The sampling method was a convenient technique. The study instrument was semi- semi-structured paper-based interviewer-administered questionnaire written in local dialects.

Results: The study participants are 417 in number, 182(43.6%) are males and 335(56.4%) females, age group 31-50 years and 351(84%) are farmers. Only 78(18.7%) of them are aware of the disease called hypertension. The prevalence of hypertension was 90(21.6%\) and out of this, only 28(6.7%) are on antihypertensive medication.

Conclusion:

There is a high prevalence of hypertension among rural dwellers in Ebonyi State with a low level of awareness of the disease. Also, most of the hypertensive study participants are not on medication. Public health education on hypertension is needed in the state.

Keywords: Hypertension, Awareness, Prevalence, Medication, Ebonyi State.

A71

PATTERN AND PREDICTORS OF ADHERENCE TO SELF-CARE PRACTICES AMONG ADULTS WITH HYPERTENSION IN A PRIMARY CARE CLINIC IN NIGERIA

Profil et Facteurs Prédictifs de l'Adhésion aux Pratiques d'Auto-soins chez les Adultes Hypertendus dans une Clinique de Soins Primaires au Nigeria

[1]T. R.Oyetunji , [2]O. Ogunfowokan,[2]A. K. Badamasi.
[1]Department of Family Medicine, Limi Hospitals Abuja.
[2]Department of Family Medicine, National Hospital, Abuja.

Background: Hypertension self-care practices are vital for effective blood pressure control and reducing the risk of morbidity and mortality associated with this major non-communicable disease. Understanding the factors influencing adherence to these practices is therefore crucial for designing interventions that enhance adherence and improve blood pressure management.

Objective: This study aimed to evaluate the pattern and predictors of adherence to various components of hypertension self-care.

Methods: A hospital-based cross-sectional study was conducted among 389 participants. Data on self-care practices were collected using the validated Hypertension Self-Care Activity Level Effects (H-SCALE) questionnaire, administered by interviewers. Logistic regression was used to identify predictors of adherence to self-care components.

Results: High adherence was observed for alcohol moderation (93.1%) and smoking abstinence (97.7%). However, adherence was much lower for antihypertensive medication use (48.6%), weight management (38.8%), physical activity (36.2%), and healthy diet (23.9%). Logistic regression identified several predictors of self-care adherence: older age (OR = 1.692, 95% CI: 1.067–2.682), being married (OR = 0.561, 95% CI: 0.118–0.962), knowledge of hypertension self-care (OR = 1.724, 95% CI: 1.422–2.143), and the presence of comorbidities (OR = 1.567, 95% CI: 1.367–3.373).

Conclusion: The lowest adherence levels were found in a healthy diet and physical activity. Knowledge of hypertension self-care significantly impacted adherence. Other key predictors included age, marital status, and comorbidities. These findings provide a foundation for targeted educational interventions aimed at improving adherence to self-care practices among individuals with hypertension.

Conflict of interest: The authors declare they have no conflict of interest.

Keywords: Patterns, adherence self-care practices, hypertension, primary care clinic

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A72

EFFECT OF STRUCTURED SELF-MANAGEMENT EDUCATION ON CARDIOMETABOLIC DISEASE OUTCOMES IN SUB-SAHARAN AFRICA: A SYSTEMATIC REVIEW

Effet de l'Éducation Structurée à l'Auto-gestion sur les Résultats des Maladies Cardiometaboliques en Afrique Subsaharienne : Une Revue Systématique

[1]S. T. Engmann, [1]*R. Lamptey, [1]B. Agbinko-Djobalar, [1]S. Aguadze, [1]N. A. K. Darko, [1]L. Baatiema

[1]Department of Family Medicine, Korle Bu Teaching Hospital, Accra, Ghana

Corresponding author: Roberta Lamptey

Background: Sub-Saharan Africa faces a rising burden of non-communicable diseases, particularly among young adults. Structured self-management education is essential for managing chronic conditions, especially in low-income settings where a significant portion of the population with noncommunicable diseases resides.

Objective: To describe the effect of structured self-management education interventions on cardiometabolic disease outcomes in Sub-Saharan Africa.

Methods: A systematic review of controlled trials that assessed the effect of structured self-management education interventions on cardiometabolic outcomes such as HbA1c, blood pressure, and quality of life was conducted. We searched across PubMed, CINAHL, and Cochrane Library databases. Data retrieval, appraisal, and extraction were done with confidence and involved key study characteristics. The risk of bias was assessed using the Cochrane Risk-of-Bias tool. The review was registered on PROSPERO CRD42024539490

Results: In total 1821 studies were identified. Of these, 19 studies involving 6344 participants from eight sub-Saharan countries were included. The review found that in six out of 14 studies, structured self-management education intervention significantly improved glycaemic control in patients with type 2 diabetes. However, evidence regarding blood pressure control was limited, with only five studies reporting relevant outcomes, two of which showed statistically significant improvements. Overall, 68% (n=13) of the studies had either high risk or some risk of bias.

Conclusions: The existing evidence on the effect of structured self-management education interventions on cardiometabolic disease outcomes in Sub-Saharan Africa is limited and checkered. Larger controlled trials are urgently needed to guide policy, and clinical practice and hopefully reverse the disturbing epidemiological trends in Sub-Saharan Africa.

Keywords: Self-management education, cardiometabolic disease, sub-saharan Africa

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A73

A CROSS-SECTIONAL SINGLE-CENTRE STUDY OF ANAEMIA IN THE ELDERLY (ANIE STUDY)

Étude Transversale Monocentrique de l'Anémie chez les Personnes Âgées

[1]*Simon Uriah, [1]Ununuma Oguzor, [2]Tondor Cleopatra Uzosike, [3]Hannah E. Omunakwe

[1]FamilyMedicine Department, [2]Community Medicine Department, [3]Haematology and Blood Transfusion Department – Rivers State University/ Rivers State University Teaching Hospital.

Introduction: The geriatric population is increasing globally, and anaemia in the elderly is associated with increased morbidity and mortality. Anaemia is common in

the elderly and its prevalence increases with age. In elderly persons, the etiology of anemia differs sufficiently from the etiology of younger adults to warrant considering anemia in geriatric persons as a distinct entity. Using World Health Organization criteria for anemia (Hemoglobin of less than 12gm per dl in women and less than 13 g per dl in men), the prevalence of anemia in geriatric patients has been found to range from 8 to 44 percent, with the highest prevalence in men 85 years and older. Anaemia is associated with an increased risk of hospitalization and death in community-dwelling older adults. It is associated with poor quality of life and increased morbidity and mortality.

Objectives: The Anaemia in Elderly study (ANiE study) aimed to assess the prevalence, associations and severity of anaemia in elderly patients attending the outpatient clinics at Rivers State University Teaching Hospital.

Methodology: This was a prospective cross-sectional study of consenting patients, 60 years and older, attending the outpatient clinics in our hospital. A blood sample was collected for Full Blood Count, Blood Glucose, Serum Creatinine, and HIV serology. A data collection tool was used to collect data on comorbidities, occupation, and income among others. Descriptive analysis and logistic regression were done to determine factors associated with anaemia in elderly patients in outpatient clinics.

Results: A total of 288 patients consented to participate, anaemia was prevalent in 101 (35.1%) of the participants, there was no difference in the prevalence between males and females, the mean PCV was 38.33 ± 1.33%, the majority of the anaemic patients had mild anaemia 46(45.5%). Being a patient on a follow-up visit to the hospital, the average monthly income and employment status were significantly associated with the occurrence of anaemia.

Conclusion: Anaemia according to the WHO definition was prevalent in 35.1% of elderly patients attending the out-patients' clinics in the hospital. Factors associated with anaemia were employment status and average monthly income. It is important to identify patients at risk and provide appropriate care to prevent further morbidity and mortality.

Keywords: Anaemia, elderly, ANIE study

A74

CONTRIBUTION OF PHYSIOTHERAPY IN PSYCHIATRY: CASE OF A PATIENT SUFFERING OF DYSTONIA DUE TO ANTIPSYCHOTICS AT THE SAINT JOHN OF GOD MENTAL HEALTH CENTRE IN LOMÉ-TOGO

Contribution de la Physiothérapie en Psychiatrie : Cas d'un Patient Souffrant de Dystonie due aux Antipsychotiques au Centre de Santé Mentale Saint Jean de Dieu à Lomé-Togo

[1]***S. Kanekatou, [2]E. P. Patayodi, [3]C. Affo, [4]A. S. Sossa, [5]B. Atchou, [6]S. Salifou, [7]K. S. Dassa**

[1]*Psychiatrist at the Saint John of God Mental Health Centre and the Campus University Hospital, Lomé-Togo. [2]Physiotherapist at Saint John of God Hospital, Afagnan, Togo. [3]Diploma specialized in psychiatry at the University of Lomé*

[4]*Senior instructor in the physiotherapists' department at the National School for Medical Assistants, Lomé-Togo.*

[5]*Master in mental health at the Saint John of God Mental Health Centre. [6]Psychiatrist at the Zébé Psychiatric Hospital and Senior Assistant Psychiatrist at the University of Lomé.*

[7]*Psychiatrist at the CHU Campus and Full Professor of Psychiatry at the University of Lomé.*

Corresponding author: KANEKATOUA Sonia, E-mail: soniakane13@gmail.com, Tel: +228 90331663

Introduction: Antipsychotic-induced dystonia is a neurological side-effect and can be very disabling. Treatment is multidisciplinary, including physiotherapy.

Objective: The aim was to show the contribution of physiotherapy in the management of people suffering from dystonia secondary to antipsychotics.

Method: The Saint John of God Mental Health Centre in Lomé was used as the study setting. This involved a descriptive study about a case of cervical dystonia induced by antipsychotics, from 13 July to 30 August 2020.

Results: Our observation concerned a male patient, aged 55 years, suffering from a persistent delirious disorder, on a poorly documented treatment, admitted for cervical dystonia and persistent delirium. A physiotherapy assessment revealed neck pain rated at 5/10, reduced neck muscle strength, and an inability to keep the neck stable at rest. He was started on olanzapine 20mg tablet a day, haloperidol decanoas injectable 50mg/month, and trihexyphenidyl 5mg tablet in the morning. Physiotherapy treatment consisted of 14 sessions using various techniques including passive-active stretching of the neck and head muscles. The evolution was marked by a significant regression of involuntary neck movements and an improvement in the patient's quality of life.

Conclusion: Physiotherapy should be more involved in the management of dystonia in psychiatric practice.

Keywords: Dystonia, Antipsychotics, Physiotherapy, Psychiatry, Lomé.

Conflicts of interest: There are no conflicts of interest between the various authors.

A75

INTEGRATION OF MENTAL HEALTH INTO MANAGEMENT OF NON-COMMUNICABLE DISEASES IN PRIMARY CARE: A PROJECT REPORT

Intégration de la Santé Mentale dans la Gestion des Maladies Non Transmissibles en Soins Primaires : Un Rapport de Projet

[1,2]*Stephen Tetteh Engmann, [2]Prince Ampofo, [3]Christopher Dowrick

[1]AfriWon Renaissance – WONCA Africa Region. [2]Manna Mission Hospital – Accra, Ghana. [3]University of Liverpool, England.

*Corresponding author: stephenengmann@gmail.com

Background: The World Health Organisation's (WHO) 2013-2030 mental health action plan emphasized the complex relationship between mental disorders and non-communicable diseases (NCDs). The integration of mental health into the management of non-communicable diseases (NCDs) is crucial. This is a report of an integrated care project in primary care for the management of patients with hypertension and Type 2 diabetes. This practice quality improvement project was executed in a primary care hospital in Ghana under the World Organization of Family Doctors (WONCA) Integrating Care Leadership and Advocacy Programme.

Objective: To increase mental health help-seeking among adult patients with hypertension and Type 2 diabetes through service integration.

Project Methods: The project duration was from September 2023 to April 2024. The project involved screening, providing information about common warning signs for mental health problems through posters, and available health personnel from whom patients can seek help. Adult patients with hypertension and/or Type 2 diabetes were screened using the PHQ-4 tool for anxiety and depression from October 2023 to January 2024 and Health education sessions on mental health were organized for patients once every three months.

Project Outcomes: The project screened 205 patients from October 2023 to January 2024, of which 39 (19%) were found to have either anxiety or depression and were managed by a collaborative team of professionals through patient-centred approaches. Following management, 36 had resolution of symptoms and three transferred their care to other facilities. The findings underscore the importance of incorporating mental health into care for chronic diseases enhancing access to appropriate interventions through collaborative teams.

Conclusion: Integrating mental health into NCD management is essential for improving patient outcomes. This project demonstrates the necessity of such integration in primary care settings, advocating for policy with detailed guidelines for integrating mental health into NCD care in Ghana.

Keywords: Mental health, Integrated care, Non-communicable diseases, Ghana

Conflicts of interest: There are no conflicts of interest.

A76

PREVALENCE OF CHRONIC KIDNEY DISEASE AMONG STEADY STATE SICKLE CELL DISEASE ADULT PATIENTS ATTENDING AHMADU BELLO UNIVERSITY TEACHING HOSPITAL, ZARIA

Prévalence de la Maladie Rénale Chronique chez les Patients Adultes atteints de Drépanocytose en État Stable fréquentant l'Hôpital Universitaire Ahmadu Bello, Zaria

[1]*S. M. Oguche, [2]I. B. Bosan, [2]I. Abubakar, [3]H. Abdulaziz, [2]O. R. Obiako

[1]Department of Medicine FMC, Abuja. [2]Department of Medicine ABUTH, Zaria. [3]Department of Haematology ABUTH Zaria. Correspondence email: ogosonesky@yahoo.com, Telephone: 08035165761

Background: Chronic kidney disease is a long-term complication of sickle cell disease (SCD) in adults because of persistent recurrent vaso-occlusive crises, and hyperfiltration. SCD patients are in a steady state, although may be from crises, but may have deranged kidney function.

Objectives: This research studied the prevalence of chronic kidney disease among steady-state SCD patients in ABUTH, Zaria.

Method: A case-control cross-sectional study of 210 SCD patients and age/sex-matched healthy controls in ABUTH Zaria. The following parameters were assessed among participants: socio-demographic characteristics, facial puffiness, frothiness of urine, urine albumin: creatinine ratio, urine specific gravity, and glomerular filtration rates. Data were analysed using SPSS version 17.0 for Windows, and presented as mean ± SD for nominal variables, and as diagrams for categorical variables. Student t-test and Pearson's Chi-square were used to test for relationship with p<0.05 as significant.

Results: The study participants consisted of 113 males and 97 females pairs, with mean ages of 26.8 ± 8.2 vs. 25.7 ± 5.8 years, (p = 0.1) for cases and controls respectively. Prevalence of SCD patients with stage ≤ 3-5 CKD, facial swelling, frothy urine, SG <1.015, albuminuria, urine Hb

<13g/dl, and stage were 8.6%,16.2%, 18.0%,33.3%, 47.2%, respectively. All controls had normal kidney functions (p< 0.05).

Conclusion: This study has shown the prevalence of 8.6% to 47.2% of features of CKD among steady-state adult SCD patients in ABUTH Zaria.

Keywords: Adult patients, Chronic Kidney Disease, Prevalence, Steady state sickle cell disease.

A77

ASSESSMENT OF SEVERITY OF CHRONIC KIDNEY DISEASE AMONG STEADY STATE HBSS AND HBSC HOMOZYGOUS PATIENTS ATTENDING A TERTIARY HEALTH CARE INSTITUTION IN NORTHERN NIGERIA

Évaluation de la Gravité de la Maladie Rénale Chronique chez les Patients Homozygotes HbSS et HbSC en État Stable fréquentant une Institution de Soins de Santé Tertiaires dans le Nord du Nigeria

[1]*S. M. Oguche, [2]O. R. Obiako

[1]Deparment of Medicine Federal Medical Centre Abuja.
[2]Deparment of Medicine ABUTH Zaria.

Corresponding author: email ogosonesky@yahoo.com
08035165761

Background: Chronic Kidney Disease (CKD) among patients with Sickle Cell Disease (SCD) notably HbSS and HbSC are increasingly being recognized due to improved health care a comparative severity of CKD among these subgroups is not known in ABUTH Zaria.

Objective: This study was to assess the severity of kidney function among stable patients with HbSS and HbSC in ABUTH, Zaria.

Method: A cross-sectional descriptive study involving steady state 188 HbSS and 22 HbSC attending Haematology Clinic in ABUTH Zaria. The following parameters were assessed; Blood Pressure, estimated Glomerular Filtration Rates (eGFR), albuminuria, haematuria, pH, and specific gravity. SPSS version 17.0 for Windows was used Categorical data were represented as charts and tables while continuous variables were represented as mean and standard deviation. Relationships were tested using the student t-test and Pearson's Chi-square.

Results: It was observed that 188 (89.5%) have HbSS while 22 (10.5%) have HbSC. The eGFR < 60ml/min/1.73m^2 was higher in participants with HbSC compared to participants with HbSS (13.8% vs. 8.0%, $x^2 = 8.5$, $p = 0.056$).

The prevalence of Albuminuria > 3mg/mmol among participants with HbSC and HbSS were (68.3% vs. 43.7%,

$x^2 = 4.37$, $p = 0.043$). Haematuria in participants with HbSC and HbSS were (41% vs. 16%, $x^2 = 8.11$, $p = 0.004$). There was no statistically significant difference in urine specific gravity, pH, and blood pressure among HbSS and HbSC.

Conclusion: This study has shown that patients with HbSC have worse albuminuria and haematuria than those with HbSS.

Keywords: Adult patients, Severity of Chronic kidney disease, Steady state sickle cell disease

A78

MALARIA VECTOR CONTROL STRATEGIES DEPLOYED BY HOUSEHOLDS WITH CHILDREN IN AN URBAN COMMUNITY IN PORT HARCOURT, NIGERIA

Stratégies de Lutte contre les Vecteurs du Paludisme Déployées par les Ménages avec des Enfants dans une Communauté Urbaine à Port Harcourt, Nigeria

[1,2]*T. G. Okari, [3,4]A. Dan-Jumbo, [1,2]W. Wonodi

[1] Department of Paediatrics and Child Health, Rivers State University, Port Harcourt, Rivers State, Nigeria. [2] Department of Paediatrics, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, Nigeria. [3] Department of Family Medicine, Rivers State University, Port Harcourt, Rivers State, Nigeria. [4] Department of Family Medicine, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, Nigeria.

Corresponding Author: Okari T.G., Email: yogee007ng@gmail.com

Introduction: Malaria resulting from the bites of female *Anopheles* mosquitoes, is a major cause of childhood morbidity and mortality in Sub-Saharan countries. It is preventable by using malaria vector control strategies like insecticide-treated nets (ITN) and indoor residual spraying (IRS).

Objectives: This study was carried out to determine the proportion of children in Borokiri Sandfield using ITN and IRS as malaria vector control strategies and the sociodemographic factors associated with its use.

Methods: A cross-sectional study was carried out in Borokiri Sandfield, Port Harcourt, in an outreach program. We collected data on the sociodemographic characteristics of children seen in the outreach, the use of ITN and IRS, and malaria testing performed using the Rapid Diagnostic Test. Data analysis was by SPPS 23 and statistical significance set at P value < 0.05.

Results: A total of 207 children from 207 households, aged 0-17 years with 109 (52.7%) females participated in this study. The average household size was 5.1±1.5 persons.

Fifteen (7.2%) had positive malaria parasite test. A total of 140 (67.6%) children used malaria vector control strategies, 106 (51.2%) used ITN, 91 (44%) IRS and 52 (25.1%) used both. The use of ITN was significantly more among smaller households of 3-4 persons while female gender and small household size were significantly associated with the use of IRS. Malaria parasitemia was more prevalent among children of households not using malaria vector control measures.

Conclusion: The use of malaria vector control strategies in this study is commendable, but can be improved by public enlightenment programs.

Conflict of Interest: The authors declare no conflict of interest.

Keywords: Malaria vector control, children, urban community.

KNOWLEDGE PERCEPTION AND THE USE OF ORAL REHYDRATION SALT FOR DIARRHOEA AMONG MOTHERS ATTENDING CLINICS IN A HEALTH FACILITY IN PORT HARCOURT

Perception des Connaissances et Utilisation des Sels de Réhydratation Orale pour la Diarrhée chez les Mères Fréquentant les Cliniques dans un Établissement de Santé à Port Harcourt

[1,2]*T. G. Okari, [1,2]B. A. West

[1]Department of Paediatrics and Child Health, Rivers State University, Port Harcourt, Rivers State, Nigeria. [2] Department of Paediatrics, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, Nigeria

Corresponding Author: Okari T.G.

Email: yogee007ng@gmail.com

Introduction: Oral rehydration solution (ORS), an effective, inexpensive intervention for treating dehydration in children with diarrhoea, prevents under-fives mortality from diarrhoea. However, this benefit is only achieved if caregivers are knowledgeable enough to prepare and use it appropriately.

Objectives: This study was carried out to assess the knowledge, perception, and use of ORS by mothers attending the paediatric outpatient clinic at Rivers State University Teaching Hospital.

Methods: A cross-sectional study was carried out among mothers of under-five children attending the clinic. They answered specific questions on knowledge, perception, and practice of ORS. Correct responses were collated and converted to percentages and 50% was used as the cut-off value. Data analysis was done using SPPS version 23 and statistical significance was set at P value < 0.05.

Results: A total of 143 mothers aged 22-50 (32.1±5.4) years, participated in the study. A majority (95.1%) were married, para 1 and 2 (53.9%), and 83 (58%) belonged to middle socioeconomic class. About 80% knew ORS is used to prevent dehydration, however, 96 (71.6%) mothers had good knowledge, 104 (77.6%) good perception, and 95 (70.9%) good use of ORS. Middle socioeconomic class and higher parity were significantly associated with greater odds of having good knowledge and married mothers with good perception. Good knowledge of ORS was significantly associated with good perception and good practice.

Conclusion: Mothers' knowledge, perception, and use of ORS in this study were below expectation, despite decades of using ORS. This highlights the need for continuous enlightenment of the public on the appropriate use of ORS.

Conflict of Interest: The authors declare that there is no conflict of interest in this research.

Keywords: Perception, use of oral rehydration, salt, diarrhoea

CHILDHOOD UNINTENTIONAL HOME INJURIES: CAREGIVER'S PERCEPTION AND PRACTICE IN URBAN AND RURAL AREAS OF PLATEAU STATE, NIGERIA

Blessures Accidentelles à Domicile chez les Enfants : Perception et Pratiques des Aidants dans les Zones Urbaines et Rurales de l'État du Plateau, Nigeria

[1]*T Adeniji, [2]P. A. Adeoye, [2]W. U. Otaro, [2,3]O. O. Chirdan

1. Department of Community Medicine, College of Health Sciences, University of Abuja, FCT, Nigeria.

2. Department of Community Medicine, Jos University Teaching Hospital, Plateau State, Nigeria.

3. Department of Community Medicine, College of Medical Sciences, University of Jos, Plateau State, Nigeria.

Correspondence Contact: Dr Tolu ADENIJI, Email: tadeniji120@gmail.com, Tel: +2348030632605,

Introduction: Unintentional home injuries (UHI) pose an enormous danger to a child's well-being; therefore, understanding the variations in caregiver approaches across different settings is invaluable for targeted prevention strategies. The study aimed to assess the knowledge, perception, and practice of caregivers on UHI in children under five years of age.

Methods: The comparative cross-sectional study design with a multistage random sampling technique was utilized to

select 494 caregiver/child pairs, proportionate to size, from selected communities in both rural and urban areas of Plateau State. Quantitative data collected via ODK underwent cleaning and entry into SPSS version 26. The study objectives were assessed using SPSS for frequency and proportions. Statistical analyses included descriptive statistics, chi-square test and logistic regression, with a significance level set at $p \leqslant 0.05$.

Results: The youth age group represented 68.8% of urban caregivers compared to 57.1% of rural caregivers. In rural settings, 19.0% of respondents had low knowledge (<50th percentile), while in urban areas, only 2.8% fell into this category. Adequate knowledge (>50th percentile) was observed in 81.0% of rural respondents and 97.2% of urban respondents. The likelihood of UHI occurrence was approximately 8 times higher [8.057 (3.563 - 18.219) (p<0.001)] in rural areas with poor knowledge compared to urban areas with adequate knowledge. However, there was a statistically significant difference in UHI prevalence based on caregivers' knowledge was found between rural and urban respondents (p<0.001). When examining UHI cases, in rural areas, 98.5% of those with adequate knowledge experienced UHI, contrasting with 1.5% with poor knowledge. In urban areas, 71.2% of UHI cases occurred among those with adequate knowledge, while 28.8% had poor knowledge. Rural respondents demonstrated a higher proportion (53.4%) of poor fate belief compared to urban areas (40.9%), while good fate belief was lower among rural respondents (46.6%) compared to urban respondents (59.1%). In urban areas, the prevalence of UHI did not significantly differ based on caregivers' practices (p=0.827). In rural UHI cases, 22.0% had poor practices, and 78.0% had good practices, with no significant difference based on caregivers' practices (p=0.119). There was a significant difference in UHI based on parental/caregivers' practices (p=0.006), with 25.9% of rural and 15.8% of urban respondents having poor practices, and 74.1% of rural and 84.2% of urban respondents having good practices.

Conclusion: The study concludes that there are significant knowledge gaps among caregivers regarding unintentional home injuries (UHI) between rural and urban areas. Despite lower knowledge levels in rural settings, UHI rates are higher, underscoring the importance of knowledge in injury prevention. Variations in fate belief, parental protectiveness, and practices further contribute to differences in UHI occurrences.

Keywords: Perception, Caregiver's, Unintentional home injuries (UHI), Urban, Practice, Rural

KNOWLEDGE AND PERCEPTION OF HUMAN PAPILLOMAVIRUS VACCINE AMONG ADOLESCENTS AND CAREGIVERS IN JOS METROPOLIS, PLATEAU STATE, NIGERIA
Connaissances et Perceptions du Vaccin contre le Papillomavirus Humain parmi les Adolescents et les Aidants dans la Métropole de Jos, État du Plateau, Nigeria

[1]*T. O. Tony-Okeke, [1]J. H. Zoakah, [1]A. F. Odoh, [1]O. C. Nnorom, [1]S. K. Aule, [2]M. Mathew , [3]E. A. Envuladu
[1] Senior Registrar, Department of Community Medicine, Jos University Teaching Hospital. [2] Associate Professor/Reader, Department of Epidemiology and Community Medicine, Federal University of Lafia. [3] Professor of Community Medicine, University of Jos and Consultant, Jos University Teaching Hospital.
Corresponding author: Tony-Okeke T.O., Email: tobynwana@gmail.com

Introduction: HPV infection is well-recognized as a cause of nearly all cases of cervical cancer. There are currently three prophylactic HPV vaccines; a bivalent (Cervarix), a quadrivalent (Gardasil), and a nonavalent vaccine (Gardasil-9). With the recent rollout of HPV vaccines in Nigeria, it is imperative to understand potential barriers and facilitators to its uptake.

Objectives: The objectives of this study were to evaluate the awareness, perception, and willingness to accept HPV vaccine and explore enablers and barriers to HPV vaccine uptake among adolescents and caregivers

Methods: Four focus group discussions were conducted with adolescents from public and private secondary schools in Plateau, 4 with the parents of adolescents, and one IDI with the head of ANCOPSS. Each FGD had between 8 – 12 participants. Interviews were recorded and notes were taken. The interviews were transcribed, codes were generated and analysis was conducted using a thematic framework approach with NVIVO version 11 software.

Results: Most participants demonstrated inadequate knowledge and poor perception of HPV and the vaccine. Girls were willing to accept the vaccine, while boys saw it as a female problem. Parents had limited knowledge but expressed willingness to allow their children to be vaccinated. The fear of side effects, poor vaccine quality, and lack of parental approval were major barriers expressed by the girls while myths and misconceptions regarding the vaccine interference with fertility and as a means of population control were significant barriers on the parts of the parents.

Conclusion: Low awareness and poor perception of HPV vaccine exist among adolescents and caregivers. Long-term individual and community-level interventions are needed to provide accurate information address knowledge gaps and promote inclusive access.

Keywords: Knowledge and perception of Human papillomavirus, adults, caregivers

A82

POSTPARTUM DEPRESSION AMONG PAROUS WOMEN IN IBADAN SOUTH-WEST LOCAL GOVERNMENT AREA, OYO STATE, NIGERIA

Dépression Post-partum chez les Femmes Parous dans la Zone de Gouvernement Local d'Ibadan Sud-Ouest, État d'Oyo, Nigeria

*[1]O. S. Lawal, [2,3]*O. C. Uchendu,*

[1]Department of Community Medicine, Faculty of Public Health, University of Ibadan, Oyo State, Nigeria. [2]Department of Community Medicine, College of Medicine, University of Ibadan, Oyo State, Nigeria. [3]Department of Community Medicine, University College Hospital, Ibadan, Oyo State, Nigeria.

Corresponding Author: Uchendu O. C., Email: obioma234@gmail.com

Background: Post-partum depression (PPD) significantly contributes to maternal morbidity and mortality, particularly in developing countries, impacting the well-being of women, their families, and society.

Objective(s): This study assessed the prevalence of PPD and its associated factors among parous women in Ibadan South-West LGA.

Methods: The cross-sectional study utilized a multi-staged sampling technique to select 454 postpartum women from six selected primary health care centres in Ibadan. Data on socio-demographics, obstetric history, patterns of intimate partner violence (IPV), family connectedness, and PPD experiences were elicited using interviewer-administered questionnaires. Data analysis included descriptive statistics, chi-square test and logistic regression with significance level for all test sets at 5%.

Results: The mean age of the women was 29.4±5.3, with the majority being married (96.3%) and in monogamous unions (88.8%). About two-fifths (41.4%) had husbands with post-secondary education and the pregnancy of respondents (76.7%) was planned and wanted. Over half (56.2%) of the women experienced emotional violence during pregnancy, and 45.2% were from dysfunctional families. Prevalence of post-partum depression was 44.6%. Husband's education

level (p=0.041), family type (p=0.002), pregnancy desire (p=0.037), and family connectedness (p=0.029) were associated with PPD. Independent predictors of postpartum depression included being married (OR=0.242; 95%CI=0.06-0.92) and experiencing emotional or physical abuse (OR=3.960; 95%CI=1.787-8.796 and OR=1.764; 95%CI=1.162-2.680).

Conclusions: PPD was prevalent among women; who experienced IPV, whose spouses had lower education, with unplanned or unwanted pregnancies, and dysfunctional families. Health education and social support for women are advocated to prevent the experience of postpartum depression.

Keywords: Postpartum depression, Parous women, Postpartum women, Nigeria

Key Message: Postpartum depression is common among urban women in Southwest Nigeria and is significantly influenced by experience of IPV and marital status. Single women had higher odds, with additional factors including educational level, family dynamics, and pregnancy intention affecting PPD. Education, family and societal support are vital to help prevent PPD.

Declaration of Conflict of Interest: None

A83

HOUSEHOLD SMOKING AND INTIMATE PARTNER ABUSE IN JOS SOUTH LGA, PLATEAU STATE

Tabagisme au Domicile et Violences Conjugales dans la LGA de Jos Sud, État du Plateau

*[1,2]*O. C. Uchendu, [1]K. N. Daloek,*

[1]Department of Community Medicine, College of Medicine, University of Ibadan, Oyo State, Nigeria

[2]Department of Community Medicine, University College Hospital, University of Ibadan, Oyo State, Nigeria

Corresponding author: Obioma C. Uchendu, Email: obioma234@gmail.com

Background: Cigarette smoking remains a public health concern and can be influenced within households by relatives or friends who smoke. The mental and physical repercussions of smoking can contribute to intimate partner abuse (IPA).

Objectives: This study assessed smoking in households and its relationship with IPA.

Methods: This descriptive cross-sectional study was conducted in Plateau State, Nigeria. Multi-staged cluster sampling was used to select 661 household heads or adult members residing in two districts for at least six months prior

to the study. Internally displaced persons (IDPs) were excluded from the study. IPA was assessed with the 30-item Abusive Behaviour Inventory. Data were analyzed with SPSS version 25, which included Chi-square tests and binary logistic regression, with a significance level set at 5%.

Results: Most household heads were aged 40-49 years (mean; 44.5 ± 12.7) with 62.5% having post-secondary education. Household heads who currently smoke and households with members who smoke were 12.0% and 18.3% respectively, and the prevalence of household IPA was 58.1%. IPA was significantly higher in households with members who smoke (75.2% vs. 54.3%) and among household heads who were current smokers (79.7% vs. 55.2%). No predictive association was found between smoking by household heads or members and intimate partner abuse (IPA).

Conclusion: Household IPA is prevalent and significantly associated with smoking in household. While smoking alone may not predict IPA prevalence, integrating routine screenings for smoking and other addictive behaviors during IPA assessments at facilities or community levels is recommended.

Keywords: *Smoking, Household, Household heads, Intimate Partner Abuse, Current smokers*

Key Message: Household intimate partner abuse (IPA) in northern Nigeria is influenced by factors such as smoking, which significantly correlates with higher IPV risk as revealed in the current study. There is a need to understand these dynamics while exploring other factors for effective screening and intervention strategies.

A84

A PROTOCOL FOR ACCELERATING THE ADOPTION OF EVIDENCE-BASED MATERNAL, NEWBORN, CHILD, AND NUTRITION HEALTH (MNCNH) INNOVATIONS TO REDUCE MATERNAL MORTALITY IN NIGERIA

Un Protocole pour Accélérer l'Adoption des Innovations Fondées sur des Preuves en Santé Maternelle, Néonatale, Infantile et Nutritionnelle (MNCNH) pour Réduire la Mortalité Maternelle au Nigeria

[1,2]R. N. Ogu, [3]H. Galadanci, [1,2]O. Maduka, [1,5]V. Agala, [1,5]O. Adebiyi, [1,6]*U. C. Madubueze, [1,7]B. W. Alatishe-Muhammad, [1,4]A. Peter, [8]A. A. Dorayi, [8]S. A. Bello, [3]T. Amole, [3]B. M. Musa, [3]A. A. Wakili, [9]B. Fagbemi, [9]K. Omonoju, [9]O. Abodunrin

[1]Medical Women's Association of Nigeria (MWAN), Nigeria.
[2]University of Port Harcourt, Rivers State.(UNIPORT) Nigeria.
[3]African Centre of Excellence in Population Health and Policy (ACEPHAP), Bayero University Kano (BUK).
[4]University of Maiduguri Teaching Hospital, (UMTH), Maiduguri. Borno State. Nigeria. [5]Rivers State Government, Port Harcourt. Rivers State. Nigeria. [6]Alex-Ekwueme Federal University Teaching Hospital Abakalki (AEFUTHA), Ebonyi State. Nigeria. [7]University of Ilorin Teaching Hospital (UITH), Ilorin, Kwara State. Nigeria. [8]Pathfinder International, Limited. Nigeria. [9]Centre for Communication Social Impact (CCSI), Mafemi Crescent, Utako, Abuja.

Corresponding Author: Dr. U.C. Madubueze, Email: ugochukwu.madubueze@npmcn.edu.ng
Tel: +2348023510720

Background: Maternal mortality remains a significant challenge in Nigeria, where 28.5% of global maternal deaths occur. Barriers such as weak policy environments and lack of product availability hinder the implementation of life-saving interventions. This research aims to establish a cross-country network of experts and champions to promote the adoption of evidence-based MNCNH interventions at scale.

Methods: The AIM-MNCNH partnership involving the African Centre for Excellence in Population Health and Policy, Pathfinder, Centre for Communication and Social Impact, and the Medical Women's Association of Nigeria (MWAN) will engage national and subnational platforms, healthcare providers, policymakers, and community advocates in 16 states. Key interventions include strengthening policy environments, building technical capacity for advocacy, and promoting the availability of innovative maternal health interventions for postpartum haemorrhage (PPH) treatment.

Results: This approach is expected to establish a national network of MNCNH experts, drive high-level political advocacy, and strengthen the policy environment for implementing MNCNH innovations. Preliminary engagements with the National Primary Healthcare Development Agency and governments of the 16 states have yielded results. Key indicators for success will include the number of healthcare workers trained, the coverage of new PPH interventions, and reductions in maternal mortality.

Conclusion: This project provides a strategic approach to scaling evidence-based MNCNH innovations. Successful implementation will contribute to achieving Sustainable Development Goal 3 (SDG 3) and significantly reduce maternal mortality in Nigeria.

Keywords: Protocol, evidence based maternal, newborn, child, and nutrition health (MNCNH), innovations, reduction in maternal mortality

A85

RISK FACTORS ASSOCIATED WITH SUBSTANCE ABUSE AMONG ADULT PATIENTS ATTENDING THE BEHAVIOURAL MEDICAL UNIT OF KARU GENERAL HOSPITAL, ABUJA, NIGERIA

Facteurs de Risque Associés à l'Abus de Substances chez les Patients Adultes Fréquentant l'Unité de Médecine Comportementale de l'Hôpital Général de Karu, Abuja, Nigeria

[1]*U. E. Ugwuja, [2]F. Gana, [3]A. L. Moses

[1]Nyanya General Hospital, Nyanya, Abuja. [2]Asokoro District Hospital, Asokoro, Abuja. [3]National Hospital, Abuja

Corresponding Author: Ugwuja U.E. Email: utchaye@yahoo.com

Background: Substance use and abuse of psychoactive substances, alcohol, and illicit drugs, result in dependence, crimes, illicit financial flows, corruption, and terrorism/insurgency.

Objectives: To evaluate the risk factors, prevalence, and patterns of substance abuse, among adult patients attending the Behavioural Medical Unit, Karu General Hospital, Abuja; for prevention and early clinical diagnosis.

Method: A hospital-based descriptive cross-sectional study conducted, from March 2022 to May 2022; involving 257 consenting adults, 18 years and above, selected through systematic random sampling. An interviewer-administered questionnaire was used to achieve all objectives. The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) assessed the pattern of substance abuse. Data collected were analysed using SPSS version 24. Significance level: $p<0.05$.

Results: Mean age was 38.5 ± 0.9; males (55.3%). Prevalence was 61.5%. Alcohol was mostly used, then tobacco, cannabis, and opioids at 31%, 15%, 14%, and 14% respectively. Multivariate analysis of the risk factors and pattern of substance abuse showed that gender (p 0.024, OR = 2.061 CI = 1.098 – 3.870), religion (p 0.008 OR = 0.392 CI = 0.197 – 0.781), alcohol intake (p <0.001 OR = 3.576 CI = 1.819 – 7.031), exposure to cigarette/smoking (p <0.001 OR = 4.074 CI = 1.986 – 8.359), having a medical condition (p <0.001 OR 3.309 CI = 1.758 – 6.228) and performance in life (p 0.012 OR 1.899 CI = 1.151 – 3.135) were predictors of substance abuse.

Conclusion: Gender, religion, alcohol intake, exposure to smoke, presence of medical condition, and performance in life were predictors of substance abuse.

Keywords: Substance abuse, Risk factors, Predictors, Pattern.

Conflict of interest: The authors declare no conflict of interest.

A86

NUTRITIONAL KNOWLEDGE AND NUTRITIONAL STATUS OF DIABETIC PATIENTS IN SECONDARY HEALTH FACILITIES, KADUNA METROPOLIS, NIGERIA

Connaissances Nutritionnelles et État Nutritionnel des Patients Diabétiques dans les Établissements de Santé Secondaires, Métropole de Kaduna, Nigeria

[1]*B. Usman, [2]O. D. Agbale, [3]C. E. Esekhaigbe, [1]N. O. Usman, [4]B. Bello-Ovosi

[1]Department of Community Medicine, Faculty of Clinical Sciences, College of Medicine, Kaduna State University, Nigeria.

[2]College of medicine Kaduna State University, Nigeria.

[3]Department of Community Medicine, Federal University Lokoja, Kogi state, Nigeria. [4]Department of Medicine, Faculty of Clinical Sciences, Kaduna State University Kaduna state, Nigeria.

Correspondence email: bilkisuusman79@gmail.com

Background: Diabetes mellitus is a metabolic disorder characterized by chronic hyperglycaemia from deficiencies in insulin secretion, action, or both. It reduces the quality of life and life expectancy in patients. Research shows that nutritional knowledge and nutritional status have a huge role in reducing its risk. The nutritional status of an individual is influenced by food intake and physical health.

Objectives: 1. To assess nutritional knowledge among diabetics in secondary health facilities (SHF), Kaduna metropolis. 2. To assess nutritional status among diabetic patients in SHF, Kaduna metropolis.

Methodology: A cross-sectional descriptive study was carried out with a multistage sampling technique in 184 respondents. Nutritional knowledge and Body mass index (BMI) were assessed. IBM SPSS Statistics (Version 26) was used for data analysis. Results were presented using frequency tables and charts; Chi-square/ Fisher's exact test was used to assess the relationship between dependent and independent variables (level of significance set at $p<0.05$).

Result: The mean age was 57.3 ± 12.67 years. Only 25.5% had good nutritional knowledge while 73.9% had fair knowledge. Normal BMI was found in 36.1%, and overweight and obesity were found in 39.1% and 19.5% respectively. There was no statistically significant relationship between the BMI and the nutritional knowledge ($p = $ **0.876**).

Conclusion: Only about a quarter of the respondents had good nutritional knowledge; more than half of the

respondents were found to be either overweight or obese. Thus, there should be concerted efforts to address the gap in the nutritional knowledge of diabetic patients.

A87

MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDERS (OUDS): OPINION AND EXPERIENCES OF SUBSTANCE USE PROFESSIONALS (SUPS) IN NIGERIA

Traitement Médicamenteux Assisté (MAT) pour les Troubles Liés à l'Usage d'Opioïdes (OUDs) : Opinions et Expériences des Professionnels de l'Usage de Substances (SUPs) au Nigeria

[1,2]*B. E. A. Uteh, [1,2]J. O. Ariyo, [1]B. O. James, [3]I. A. Mshelia, [4,5]K. M. Okonoda, [6]H. B. Salihu, [7]A. E. Esangbedo, [8]A. O. Orovwigho

[1]Nigeria International Technology Transfer Centre (Nigeria ITTC). [2]Federal Neuropsychiatric Hospital, Benin-City, Nigeria; [3]Federal Neuropsychiatric Hospital Maiduguri, Nigeria. [4]Department of Psychiatry, University of Jos, Plateau State, Nigeria. [5]Netwealth Centre for Addiction Management and Psychological Medicine, Jos, Plateau State, Nigeria
[6]Federal Neuropsychiatric Hospital Kaduna, Nigeria. [7]Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. [8]Federal Neuropsychiatric Hospital Enugu, Nigeria.
Corresponding author's email: utehb@yahoo.com

Background: Rates of drug use in Nigeria is one of the highest globally, with the use of opioids associated with increased morbidity and mortality more so with injecting drug use (IDU). Medication-assisted treatment (MAT) can reduce the harmful effects of opioid use but usage in the country is low despite a country-specific guideline in place. A notable barrier to MAT uptake is professionals' knowledge and attitudes. This study aimed to evidence the opinions of Substance use professionals (SUPs) in Nigeria regarding MAT.

Objective: To ascertain the opinions of SUPs in Nigeria regarding MAT prescriptions for opioid dependence

Methods: An online Google form was developed by the researchers to assess knowledge and attitudes towards MAT. This form was circulated among SUPs across the six geo-political zones and the capital territory in Nigeria.

Results: Three hundred and twenty-nine professionals completed the questionnaire. Most were medical doctors (53.8%) and worked in the public sector (89%). Average work experience was 11 years and respondents estimated that nearly 1 in 10 OUD patients they cared for were IDUs. A majority (85.7%) endorsed the need for MAT in Nigeria, though had no previous experience (65.3%), training (74.2%) or knowledge of existing guidelines (68.7%). Over half (55%) endorsed a preference for the availability of buprenorphine and methadone. Most endorsed positive attitudes towards MAT prescriptions.

Conclusion: Substance use professionals endorsed positive attitudes towards MAT for OUDs and its rollout in Nigeria. Awareness of published guidelines and training are unmet needs arising from this study.

Keywords: Medical assisted treatment (MAT), opioid use disorders, opinion and experiences

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A88

RISK OF INSUFFICIENT HYDROXYVITAMIN D LEVELS IN DIABETIC FOOT ULCERS IN RIVERS STATE NIGERIA
Risque de Niveaux Insuffisants de 25-Hydroxyvitamine D dans les Ulcères du Pied Diabétique dans l'État de Rivers, Nigeria

[1]*U. D. Batubo, [2]B. Oyan, [3]U. Umoren, [1]S. Ogbamba, [1]S. Abere, [4]C. N. Unachukwu

[1]Endocrinology Unit, Department of Internal Medicine, Rivers State University Teaching Hospital. [2]Cardiology Unit, Department of Internal Medicine, Rivers State University Teaching Hospital. [3]Endocrinology Unit, Department of Internal Medicine, University of Uyo Teaching Hospital. [4]Endocrinology Unit, Department of Internal Medicine, University of Port Harcourt Teaching Hospital.
Corresponding email: uwumabatubo@gmail.com

Background: The global increase in diabetes, especially in developing nations, has escalated complications like diabetic foot ulcers. Hypovitaminosis D is considerably prevalent among individuals with Type 2 Diabetes Mellitus (T2DM), especially among those with chronic vascular complications.

Objectives: To determine the association between vitamin D levels and foot ulcers among patients with T2DM.

Methods: The study population comprised of 176 individuals (88 individuals with diabetic foot ulcers (DFUs) and 88 individuals with T2DM without DFU). Vitamin D levels were assessed using blood samples according to standard methods.

Results: The majority of participants in the DFU group presented with Grade 2 and Grade 3 ulcers. There was a significant difference in serum vitamin D levels, indicating lower levels among cases (mean of 19.6 ng/ml ± 13.6) compared to controls (mean of 36.2 ng/ml ± 11.4) with a p-value of 0.014. Data shows 84.1% of persons with foot ulcers had deficient/insufficient vitamin D, while only 29.5% of

persons without DFU had deficient/insufficient vitamin D levels. Regression analysis shows that persons with DFU were 12.6 (6.0 – 26.2) times likely to have deficient/insufficient vitamin D levels. Chi-square analysis shows that the distribution of the DFU severity was significantly higher among persons with deficient Vitamin D levels, compared to persons with sufficient Vitamin D levels (p = 0.0001).

Conclusion: Lower serum vitamin D levels are significantly associated with diabetic foot ulcers (DFUs), potentially hindering healing and immune function. Screening for and correcting vitamin D deficiency may potentially improve the outcome in patients with diabetic foot ulcers.

Keywords: *Vitamin D, Diabetes Mellitus, Diabetic foot ulcer*

A89

WILLINGNESS TO ENROL AND PAY FOR A CONTRIBUTORY HEALTH INSURANCE SCHEME AND ITS DETERMINANTS: A SURVEY OF RURAL AND URBAN HOUSEHOLDS IN RIVERS STATE, NIGERIA

Disposition à s'Inscrire et à Payer pour un Régime d'Assurance Santé Contributive et ses Déterminants : Une Enquête auprès des Ménages Ruraux et Urbains dans l'État de Rivers, Nigeria

[1]*V. R. Agala, [2] V. I. Ogbonna, [2]A. Somiarì, [1]J. I. Aleme, [3]P. Green, [3]A. C. Oreh

[1]*Rivers State Contributory Health Protection Programme.*
[2]*Department of Community Medicine, University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.* [3]*Rivers State Ministry of Health.*

Corresponding Author: Agala, VR, +234 8033421682, vettyagala@rivchpp.rv.gov.ng

Introduction/Background: Health insurance schemes make healthcare more accessible and affordable, and are essential for protecting individuals and families from the financial risks associated with medical expenses.

Objectives: This study assessed the willingness to enrol and pay for a contributory health insurance scheme and its determinants among rural and urban households in Rivers State.

Methods: Cross-sectional study, with multistage sampling to survey 1196 households across 9 Local Government Areas, 3 from each Senatorial district. Data was collected using electronic questionnaires and analysed using SPSS version 27. Approval was from the Rivers State Research Ethics Committee.

Results: Among the households, 286 (24%) resided in urban and 910 (76%) in rural areas. The average age of respondents in urban and rural areas was 45.71 ± 14.90 years and 42.53 ± 16.02 years respectively (p = 0.003). Only 121 (42.3%) of urban and 177 (19.5%) of rural households were aware of a contributory health scheme (p < 0.001). Willingness to pay was similar in urban (40.5%) and rural (37.7%) areas but 93 (87.7%) of urban and 251 (84.8%) of rural household heads were not willing to pay above 5000 naira (p=0.761). Age determined willingness to enrol in urban areas, while age, sex, and occupation were determinants in rural areas (p < 0.05).

Conclusions: There was low awareness, moderate willingness to enrol, and reluctance to pay premiums above 5,000 Naira. Age, sex, and occupation were determinants of willingness to enrol. Strengthening community engagement could improve health insurance uptake and universal health coverage in the State.

Keywords: Willingness to enrol, willingness to pay, Health Insurance, Universal health coverage, Rivers State.
Conflict of interest: The authors declare no conflict of interest.

A90

ONLINE HEALTH INFORMATION SEEKING BY PARENTS OF CHILDREN WITH NEUROLOGICAL DISORDERS IN PORT HARCOURT, NIGERIA

Recherche d'Informations de Santé en Ligne par les Parents d'Enfants atteints de Troubles Neurologiques à Port Harcourt, Nigeria

[1,2]*Woroma Wonodi, [1,2]Tamunoiyowuna Grace Okari

[1] *Department of Paediatrics and Child Health, Rivers State University, Port Harcourt, Rivers State, Nigeria.*

[2] *Department of Paediatrics, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, Nigeria*

Corresponding Author: Wonodi, W. Email: wonodiworoma@gmail.com

Background: Parental use of online search engines to get information on diagnosis and treatment options of their children's illnesses, a common practice in developed countries, is creeping into our society, especially in the face of chronic and life-threatening illnesses. Health-related information on the internet is largely unregulated and disease-specific information accessed online may be hard to understand and assimilate by parents making it needful to crosscheck such information with the child's healthcare provider.

Objectives: This study was undertaken to ascertain the proportion of parents of children with neurological disorders browsing the internet for medical information and factors associated with this behaviour.

Methods: This cross-sectional study was carried out in the paediatric neurology clinic of the Rivers State University Teaching Hospital, consecutively recruiting 106 child-parent pairs attending the clinic. A questionnaire was used to collect information on biodata and their use of the internet to assess information on their children's diseases. Data was analysed with SPSS 23, with statistical significance set at P value < 0.05.

Result: The mean ages of the children, mothers, and fathers were 5.5±4.6 years, 37.2±6.9 years, and 44.6±6.9 years respectively. Most mothers (63.2%) and fathers (61.3%) attained tertiary education and were of middle socioeconomic class. Of the 54(50.9%) parents who had browsed the internet, 49(90.7%) used Google, 5 (92.6%), used their phones, but only 11(20.4%) discussed information obtained with a physician. Fifteen (27.8%) parents browsed the internet to conveniently obtain medical information while 50.8% were satisfied with their online search. Tertiary education among parents and middle socioeconomic status was significantly associated with browsing the internet.

Conclusion: A good proportion of enlightened parents are browsing the internet for medical information but few are verifying this information with physicians, which may have untoward consequences in the future such as the adoption of non-scientific harmful practices.

Conflict of Interest: The authors declare no conflict of interest.

Keywords: Online, information seeking by parents, children with neurological disorders

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INFANTILE COLIC: KNOWLEDGE AND MANAGEMENT PRACTICES AMONG MOTHERS ATTENDING THE PAEDIATRIC OUTPATIENT CLINIC OF A TERTIARY HOSPITAL IN SOUTHERN NIGERIA

Coliques Infantiles : Connaissances et Pratiques de Gestion chez les Mères fréquentant la Clinique Pédiatrique Externe d'un Hôpital Tertiaire dans le Sud du Nigeria

[1,2]*Woroma Wonodi, [1,2]Boma Awoala West*

[1]*Department of Paediatrics, Rivers State University Teaching Hospital, Nigeria.* [2]*Department of Paediatrics and Child Health, College of Medical Sciences, Rivers State University, Nkpolu-Oroworukwo, Port Harcourt, Nigeria*

Corresponding author: Woroma Wonodi, Email: wonodiworoma@gmail.com

Background: Infantile colic is a commonly described symptom among mothers with different treatments given to relieve it.

Aim of the study: The study aimed to assess the knowledge and practice of infantile colic among mothers attending the Paediatrc outpatient clinic

Methodology: It was a cross-sectional study among 327 mother-child pairs using interviewer-administered questionnaires. Data was analysed using the SPSS version 25 with statistical significance set at p <0.05.

Results: The mothers were mostly within the child-bearing age, had a tertiary level of education (69.1%), parity of two, and were presently nursing infants aged 1-12 months (69.4%). Most of them (75.6%) knew about infantile colic from parents/relatives, healthcare workers, and previous experiences. Social media accounted for less than 10% as a source of information. Forty-four percent of them had good knowledge of the clinical presentation of colic and this was significantly associated with a higher level of education and socioeconomic class. The majority of them thought colic was a physiologic process (82%) or due to gas in the intestine 142(58%). About 206 of the infants brought to the clinic had infantile colic which started at 0-4 months and resolved by 3-5 months. The most common treatment practices were the use of nospamin, prescribed mostly by healthcare workers and purchased from chemist shops.

Conclusion: There was a good knowledge of infantile colic among mothers in this study, although more than half of them gave medications to children with suspected infantile colic; the commonest being nospamin and gripe water. Health education of mothers is important to increase the practice of infantile colic and prevent the unnecessary use of medications and their potential side effects.

Conflict of Interest: The authors declare no conflict of interest.

Keywords: Infantile colic, knowledge and management, paediatric outpatient.

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DECENTRALIZED IMMUNIZATION MONITORING: LESSONS LEARNED FROM FOUR STATES - NIGERIA

Suivi Décentralisé de la Vaccination : Leçons Tirées de Quatre États – Nigeria

[1]*Mohammed Yahaya,* [1]*Adam Attahiru,* [1]*Tukur Mustapha,* [1]*Nurudeen Aliyu,* [1]*Musa Melton,*[1]*Ismaial Habila,* [1]*Fiyidi Mikailu,* [1]*Talatu Buba Bello,* [1]*Hyelshilni Waziri,* [1]*Bernsah Damian Lawong,* [1]*Ndadilnasiya Endie Waziri,* [1]*Moreen Kamateeka,* [1]*Adewole Adefisoye,* [1]*Nwajiaku Ijeoma Joy,* [1]*Bilkisu Abdullahi,* [1]*Garba Mustafa,* [1]*Ismail Auwalu,* [1]*Wisdom Margaret,* [1]*Amal Oladimeji,* [1]*Nememma Makachi Agu,* [1]*Success Ocholangba Abah,* [2]*Aminu Garba Magashi,* [2]*Muhammad Usman,* [3]*Nancy Voller,* [3]*Teemar Fisseha,* [3]*Nassor*

Mohamed,[4]Joseph Valadez,[3]Willam Vargas,[5]Gustavo Caetano Correa,[5]Heidi W. Reynolds,[1]Patrick Nguku

[1]*African Field Epidemiology Network (AFENET), Nigeria.*
[2]*African Health Budget Network (AHBN), Nigeria.*
[3]*John Snow Incorporated (JSI), USA.* [4]*Liverpool School of Tropical Medicine.* [5]*Gavi, the Vaccine Alliance, Switzerland.*

Background: Low immunization coverage in Nigeria accounts for 2.3 million children with zero doses, increasing morbidity and mortality. The government prioritizes 100 local government areas for strategic interventions aiming for a 15% reduction in zero-dose (ZD) children by 2024.

Objective: We set out to track immunization performance, identify priority indicators, estimate coverage, and generate evidence for informed decision-making.

Methods: A cross-sectional study using the validated behavioral and social drivers of immunization (BeSD) and lot quality assurance sampling (LQAs) frameworks was used in Kano, Sokoto, Borno, and Bauchi states that included 4, 028 children across 106 wards.

Findings: The mean age of caregivers was 28 years (SD+ 6 years) – slightly lower in Bauchi 26 years and higher in Borno 30 years. Over 97% had Islam as their religion and married. The prevalence of Zero Dose was 30.7%. About 66% of caregivers had no formal education with 84% of ZD had no education. About 51% of ZD caregivers are not engaged nor have they any source of income. Average Monthly income was found to be 3 times higher in NZD Caregivers than ZD caregivers. Home Delivery was 54% with Sokoto and Kano having 72.5 and 66.4% respectively. However, 71% of ZD Caregivers delivered at Home. Overall, 79% Uptake. ANC uptake was higher amongst NZD Caregivers than ZD caregivers. Sokoto and Kano (Sumaila) had the lowest uptake. About 73% of Sample children received at least one immunization antigen. Sokoto had the least 46%. Penta 1 coverage was at 66% with Bauchi having 77%. About 68.5% of Zero dose caregivers reported little or no intention to be vaccinated with all the childhood vaccines. About 69% of caregivers trust healthcare workers who vaccinate children. 560 (45%) of zero-dose caregivers do not. About 69% of caregiver's vaccinators said payment is "moderately" or "very" easy for the vaccination of their child. 47% of ZD caregivers reported challenges in affording vaccines for their children. Bauchi & Sokoto had the highest number of access challenges. Over 57% of zero dose caregivers live within a short distance (trekkable distance) to an RI service delivery point.

Conclusion/Recommendation: Targeted outreach with financial aid, education, community leader engagement, and social support promotion can increase vaccinations.

Improving service delivery, accessibility, and clear centre location information is crucial.

Keywords: Immunization, Zero-dose children, Vaccine hesitancy, Nigeria

A93

DEPRESSION AS A PREDICTOR OF OPIOID USE DISORDER IN SICKLE CELL DISEASE PATIENTS

La Dépression comme Prédicteur de Troubles Liés à l'Usage d'Opioïdes chez les Patients atteints de Drépanocytose

[1]*M. U. Umar,* [2]**A. I. Yakubu,* [2]*A. T. Bakare,* [3]*S. B. Abubakar,* [2]*A. Abubakar,* [2]*A. Bello,* [4]*U. Uzairu Abdullahi,* [2]*Z. Abdurrahman,* [5]*A. D. Mohammad,* [2]*A. Y. Sanusi,* [6]*A. Ladan,* [7]*H. B. Abubakar,* [8]*B. B. Umar,* [9]*S. Junaidu,* [9]*A. H. Ibrahim*

[1] *Department of Psychiatry Aminu Kano Teaching Hospital Kano, Kano State, Nigeria.* [2] *Department of Psychiatry Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [3] *Department of Hematology and Blood Transfusion Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [4] *Department of Family Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [5] *Department of Community Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [6]*Department of Neurosurgery, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria.* [7]*Department of Anatomy Usmanu Danfodiyo University Sokoto, Nigeria.* [8] *Department of Internal Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [9] *Department of Clinical Services, Federal Neuropsychiatric Hospital Kware, Sokoto State, Nigeria.*

Corresponding author: Yakubu Anas Ibrahim. Email: yearckson@gmail.com

Background: Sickle cell disease (SCD) is highly prevalent in Africa, especially in Nigeria, the most populous country, and is associated with a high mortality rate. Depression, common among individuals with SCD, correlates with increased pain intensity and opioid misuse, leading to poorer outcomes and diminished quality of life in these patients.

Aim: To determine whether major depressive disorder is a predictor of opioid use disorder among patients with sickle cell disease.

Materials and Methods: This cross-sectional study was conducted at UDUTH Sokoto and employed psychometric instruments to evaluate patients with SCD. A systematic sampling technique was utilized, and data analyzed using SPSS version 25. Chi-square tests and regression analysis were employed to assess associations and identify predictors, respectively.

Results: The study found statistically significant associations between opioid use disorder (OUD) and the lack of insurance services (p-value = 0.008), major depressive disorder (p-value < 0.001), and elevated pain scores (p-value = 0.003), but not with hemoglobin type (p-value = 0.229). OUD was also more prevalent among respondents with moderate to severe depression (p-value = 0.017). However, only major depressive disorder was identified as a predictor of OUD (AOR: 0.174, 95% CI: 0.067–0.452, p-value < 0.001).

Conclusion: The study identified major depressive disorder as a predictor of OUD among patients with SCD, this underscores the necessity for routine depression screening and timely intervention in this population.

Keywords: Major depressive disorder, Opioid use disorder, Sickle cell disease.

A94

SKATZOCHOIROPHOBIA (FEAR OF HEDGEHOGS) IS A RARE FORM OF A SPECIFIC PHOBIA. A CASE REPORT

La Skatzochoirophobie (peur des hérissons) est une forme rare de phobie spécifique. Un rapport de cas

[1]A. T. Bakare, [1]*A. I. Yakubu, [1]A. Abubakar, [1]A. Attahiru, [1]H. S. Abdulsalam, [1]M. Ahma, [1]E. I. Stephen, [1]A. Bello, [1]H. A. Lawal, [1]M. A. Yunusa

[1]*Department of Psychiatry, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria.*

Corresponding Author: Yakubu Anas Ibrahim, Email: yearckson@gamail.com, Phone: +2348096161075

Background: Specific phobic anxiety disorder is characterized by severe and excessive fear that occurs constantly when exposed to one or more specific objects or situations. The fear is out of proportion to the threat, causing significant distress and impairment for the person.

Methods: A thorough history was taken; a mental state examination, and physical and systematic examinations were conducted. Investigations were conducted following the biopsychosocial approach, and finally, ICD 10 was used to make the diagnosis. Treatment was also approached biopsychosocially.

Result: We report a case of an adult lady who has been persistently displaying features of anxiety disorders since early childhood, specific to hedgehogs. She was diagnosed with a rare specific phobia anxiety disorder called Skatzochoirophobia and was successfully treated with systematic desensitization. Despite an extensive search, we were unable to retrieve a case of skatzochoirophobia, which makes it worthy of reporting as hedgehogs are small mammals commonly found in our environment, which in some areas are sources of protein

Conclusion: This case report may help in creating awareness and helping clinicians be on the lookout for skatzochoirophobia, which may help in early detection and prompt treatment.

Keywords: Specific phobic anxiety disorder, Skatzochoirophobia, Hedgehog.

A95

PATHWAYS TO CARE AMONG PATIENTS WITH MENTAL ILLNESS AT USMANU DANFODIYO UNIVERSITY TEACHING HOSPITAL, SOKOTO, NIGERIA

Parcours de Soin parmi les Patients atteints de Maladies Mentales à l'Hôpital Universitaire Usmanu Danfodiyo, Sokoto, Nigeria

[1]*A. I. Yakubu, [2]M. U. Umar, [1]A. T. Bakare, [3]S. B. Abubakar, [1]A. Abubakar, [1]A. Bello, [4]U. Uzairu Abdullahi, [2]Z. Abdurrahman, [5]A. D. Mohammad, [2]A. Y. Sanusi, [6]A. Ladan, [7]H. B. Abubakar, [8]B. B. Umar, [9]S. Junaidu, [9]A. H. Ibrahim

[1]*Department of Psychiatry Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [2]*Department of Psychiatry Aminu Kano Teaching Hospital Kano, Kano State, Nigeria.* [3]*Department of Hematology and Blood Transfusion Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [4]*Department of Family Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [5]*Department of Community Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [6]*Department of Neurosurgery, Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria.* [7]*Department of Anatomy Usmanu Danfodiyo University Sokoto, Nigeria.* [8]*Department of Internal Medicine Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.* [9]*Department of Clinical Services, Federal Neuropsychiatric Hospital Kware, Sokoto State, Nigeria*

Corresponding Author: Yakubu Anas Ibrahim, Email: yearckson@gamail.com, Phone: +2348096161075

Background: The first line of care is a paramount stage in the management of the mentally ill persons. In Nigeria, traditional and faith-based healers compete with medical professionals in providing care.

Aim: To determine the pathway to care among patients with Mental Illness at Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria.

Materials and methods: The characteristics of the patients and their pathways to care were assessed using a questionnaire specifically designed by the researchers, based

on previous studies. A total of 270 participants were recruited over three months using a convenience sampling technique. Data analysis was performed using SPSS version 25. Chi-square tests were applied to examine associations, with significance set at P-values less than 0.05. Binary logistic regression was used to identify determinants of the pathway to care.

Results: A Few respondents (15.9%) had consulted a psychiatrist and at least 3.6 (SD ± 6.0) non-medical healers were consulted before seeing a psychiatrist. There was a statistically significant association between the pathway to care and the level of education ($p = 0.047$), ethnicity ($p = 0.001$), religion ($p < 0.001$), diagnosis ($p = 0.002$), and family history of mental illness ($p = 0.002$). However, religion, family history of mental illness, and diagnosis emerged as determinants of the pathway to care.

Conclusion: The use of alternative medicine in the management of mentally ill persons is still more common than orthodox care in our environment, highlighting the need for further advocacy.

Keywords: Mental illness, Pathways, Care.

A96

COMMUNICATION AND INFORMATION NEEDS OF PARENTS OF PRETERM INFANTS IN A TERTIARY HEALTH FACILITY IN NIGERIA: A QUALITATIVE STUDY

Besoins en Communication et en Informations des Parents de Nourrissons Prématurés dans un Établissement de Santé Tertiaire au Nigeria : Une Étude Qualitative

[1]*Y. R. Adeniji, [2]M. P. Musitia, [3]O. Wariri, [1]I. Jalo

[1] Department of Paediatrics, Federal Teaching Hospital Gombe. [2] Institute of Human Development, Aga Khan University Hospital Nairobi. [3] Vaccines and Immunity Theme, MRC Unit The Gambia at London School of Hygiene and Tropical Medicine. Corresponding email: yasangra@yahoo.com

Introduction/Background: Parents of hospitalized preterm infants often experience a range of emotions and seek accurate information about their child's health progress. In low-resource settings, there is limited data on the specific communication and information needs of these parents during hospitalization. While some studies in Africa have identified poor communication as a factor affecting parental care experiences, few have explored solutions from the parent's perspective.

Objective: This study aimed to document the information and communication needs of parents of preterm infants in our neonatal unit, focusing on their preferences regarding content, timeliness, and approach.

Methods: This qualitative study employed a phenomenological approach with purposive sampling until data saturation was achieved. Focus group discussions were conducted with 21 parents of preterm infants attending the follow-up clinic at the Federal Teaching Hospital Gombe between August 2023 and April 2024. Data were transcribed and managed using NVivo version 1.0. Both deductive and inductive coding approaches were used to identify emerging themes.

Results: Parents expressed a preference for receiving information both at the time of admission and daily during ward rounds. They emphasized the importance of involving both parents, particularly fathers, in counselling sessions. Information should be tailored to each family's unique needs, recognizing that not all parents desire full disclosure of their child's condition. Additionally, all interactions should be conducted with respect.

Conclusions: Parents of preterm infants desire practical, timely, and individualized information, with a focus on paternal involvement and respectful communication. Leveraging the routine of the neonatal unit to meet these needs could enhance the overall care experience.

Conflict of interest: None.

Keywords: Communication, information needs, parents of preterm infants

A97

PREVALENCE OF HYPOCALCAEMIA IN A SELECTED POPULATION IN KANO: CALL FOR METABOLOMICS AND GENETIC PROFILING FOR RISK PREDICTION

Prévalence de l'hypocalcémie dans une population sélectionnée à Kano : Appel à la profilage métabolomique et génétique pour la prédiction des risques

[1]*Zainab U. Ibrahim, [1]Sherifah Sheriff , [2]Hassan A. Murtala, [1]Usman Ali, [3]Zainab A. Mustapha, [4]Halima Haladu, [5]Nabila A. Yau, [6]Rabi'atu A. Bichi, [7]Aminu A. Yusuf, [1]Kabiru Abdulsalam, [8]Aishatu L. Adamu, [9]Aisha M. Nalado, [1]Idris Y. Mohammed, [9]Mahmoud U. Sani, [10]C. William Wester, [10]Muktar H. Aliyu, [2]Hamisu M. Salihu

[1]Department of Chemical Pathology & Immunology, Faculty of Basic Clinical Sciences, Bayero University, Kano, Nigeria.
[2]Kano Independent Research Centre Trust, Kano, Nigeria.
[3]Department of Chemical Pathology, Federal Medical Center Jabi, Abuja, Nigeria. [4]Department of Chemical Pathology, Federal Teaching Hospital, Katsina, Nigeria. [5]Department of Hematology & Blood transfusion, Faculty of Basic Clinical Sciences, Federal University, Dutse, Nigeria.
[6]Department of Chemical Pathology, Sheikh Jidda Specialist

Hospital, Kano Nigeria. [7]Department of Hematology & Blood Transfusion, Faculty of Basic Clinical Sciences, Bayero University, Kano, Nigeria. [8]Department of Community Medicine, Faculty of Clinical Sciences, Bayero University, Kano, Nigeria. [9]Department of Medicine, Faculty of Clinical Sciences, Bayero University, Kano, Nigeria. [10]Vanderbilt Institute for Global Health, Vanderbilt University Medical Center, USA.

Corresponding author: Zainab Uba Ibrahim[1], Email: zeestil@yahoo.com

Introduction: Severe acute symptomatic hypocalcemia, requiring emergency medical intervention, is a significant but poorly understood condition with high morbidity. In our setting, patients present to emergency rooms with painful carpo-pedal spasms that last for several hours, sometimes mimicking seizure disorders. Metabolomics and genetic profiling are innovative approaches that pinpoint molecular and genetic determinants of hypocalcemia risk which can be adopted to guide treatment in our population.

Objective: To determine the prevalence of hypocalcemia in urban Kano as a preliminary step towards identifying key risk factors.

Methods: We obtained retrospective data from patients who presented to a tertiary hospital between January and December 2023. Serum calcium levels were measured on Abbott Architect c4000 autoanalyzer. We analyzed data using R statistical software (version 4.3.2). Chi-square tests were used to assess significant differences ($p < 0.05$).

Results: A total of 1,270 samples were analyzed, consisting of 59.3% (n = 753) males, their mean age was 36.2 ± 4 years. Mean serum calcium levels were 2.05 ± 0.34 mmol/L to 2.11 ± 1.00 mmol/L. Overall prevalence of hypocalcemia (serum calcium < 2.2 mmol/L) was 52.2%. Females exhibited a significantly higher prevalence (58.8%) compared to males ($p = 0.03$). The highest prevalence was observed in the 40–59-year age group ($p < 0.01$).

Conclusion: Hypocalcemia is highly prevalent in our population emphasizing the need for innovative approaches to better understand the genetic predictors, enable early intervention and prevent the long-term complications. These findings also provide a foundation for future multicenter studies and could inform public health policies targeting at-risk groups.

Keywords: Hypocalcaemia, Risk prediction, Metabolomics, Genetic markers.

Conflict of Interest: The authors have no competing interests to declare.

CARCINOMA-EX- PLEOMORPHIC ADENOMA ARISING WITHIN A PALATAL MINOR SALIVARY GLAND: A CASE REPORT AND REVIEW OF LITERATURE

Carcinome ex-Adénome Pléomorphe Apparaissant au sein d'une Glande Salivaire Mineure Palatine : Un Rapport de Cas et Revue de la Littérature

[1]*Z. A. Adamu, [1]A. Mohammed

[1]Department of Pathology, Ahmadu Bello University Teaching Hospital (ABUTH), Shika-Zaria, Kaduna State, Nigeria.

Corresponding author: ADAMU Z A., Email: superzeea@gmail.com Phone Number: +2348038444939.

Introduction: Carcinoma-ex-Pleomorphic Adenoma (CXPA) is a malignant tumour originating from the epithelial components of a primary or recurrent Pleomorphic Adenoma (PA). The minor salivary gland of the palate is not a common site of occurrence of this tumour. Approximately 6% of pleomorphic adenomas have the potential to transform into carcinoma ex pleomorphic adenoma (CXPA). It is typically a high-grade tumour and disease-related death is often being seen due to distant metastases.

Case Presentation: A 52-year-old man presented with seven years history of a painless palatal mass which started insidiously and progressively increased in size over the years. There was no history of trauma, toothache, and no history of swelling in other body parts. His medical history was not significant for any disease and no history of irradiation or surgery. Examination of the oral cavity revealed a non-ulcerated palatal swelling, measuring 10x8x5cm, non-tender, firm, not freely mobile, and adherent to the underlying structures.

Pathologic Findings: An ovoid tan brown firm tissue was received which measured 9x7x5cm and weighed 140g. Transections show yellow-white homogeneous to nodular areas. Microscopy showed co-existence of a pleomorphic adenoma with an area of transition to a carcinoma.

Conclusion: Pathological assessment is the gold standard for making a diagnosis and the main histopathological finding in CXPA is the co-existence of the benign characteristics of pleomorphic adenoma with malignant changes in the epithelial components of the tumour.

Keywords: Carcinoma-ex-pleomorphic adenoma, pleomorphic adenoma, minor salivary gland, palate.

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SOCIODEMOGRAPHIC PREDICTORS OF EXCLUSIVE BREASTFEEDING PRACTICE AMONG WOMEN ATTENDING THE IMMUNIZATION CLINIC OF ABUBAKAR TAFAWA BALEWA UNIVERSITY TEACHING HOSPITAL, BAUCHI, NIGERIA

Prédicteurs sociodémographiques de la pratique exclusive de l'allaitement maternel chez les femmes visitant la clinique de vaccination de L'hôpital Universitaire Abubakar Tafawa Balewa, Bauchi, Nigeria

[1]*H. A. Banaru, [2]I. B. Abubakar, [1]M. Yahkub, [3]S. L. Pitmang, [4]A. B. Grema, [1]M. D. Akangoziri, [1]M. Attahiru, [1]J. Musa

[1]Department of Family Medicine, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi State, Nigeria. [2]Ahmadu Bello University Teaching Hospital, Shika, Zaria, Kaduna State. [3]Department of Family Medicine, Jos University Teaching Hospital, Plateau State, Nigeria. [4]Department of Family Medicine, Aminu Kano Teaching Hospital, Kano, Nigeria.
Correspondence: hafsamb06@gmail.com

Introduction: Breastfeeding is a well-established intervention for the improvement of child survival. Although breastfeeding is associated with multiple health and economic benefits for mothers children and society, the recommended breastfeeding rate is low worldwide.

Objective: This study aimed to determine the sociodemographic predictors of EBF among breastfeeding mothers attending the immunization clinic of ATBUTH, Bauchi.

Methods: A descriptive cross-sectional study was carried out among 420 mother-child dyads attending the immunization clinic. Participants were selected through a systematic random sampling. The rate of exclusive breastfeeding and early initiation of breastfeeding were measured using the WHO 24-hour recall, while the sociodemographic data were collected using a pretested, interviewer-administered questionnaire. Descriptive statistics, Chi-square, and binary logistic regression were used for analysis at $p<0.05$.

Results: The mean age of the respondents was 28.5 ± 6.2 years, more than half were full-time housewives. The majority were Muslims, and 97.6% of the respondents had some level of formal education. The rate of exclusive breastfeeding (EBF) was 46.7%. Predictors of EBF were mothers' age ($p=0.001$), and mothers' level of education ($p=0.04$).

Conclusion: The rate of EBF as compared to the WHO target is still low. More needs to be done in terms of education, health advocacy, and policy as well as family and social support, to ensure the practice of EBF is improved.

Keywords: Exclusive breastfeeding, Sociodemographic.

Conflict of Interest: Nil

A100

EPIDEMIOLOGY OF CARDIOVASCULAR MORTALITY IN PATIENTS UNDER 60 YEARS IN A CARDIOLOGY DEPARTMENT: A STUDY OF 73 CASES IN DAKAR, SENEGAL

Épidémiologie de la mortalité cardiovasculaire chez les patients de moins de 60 ans dans un service de cardiologie: une étude de 73 cas à Dakar, Sénégal

[1,2]*A. A. Ngaide, [1,2]N. D. Gaye, [1,3]J. S. Mingou, [2]M. D. Sene, [1]M. Dioum, [1,3]M. B. Ndiaye, [1,4]A. Mbaye, [1,2]A. Kane

[1]Faculty of Medicine, Cheikh Anta Diop University, Dakar, Senegal. [2]Cardiology Department, Dalal Jamm Hospital, Dakar, Senegal. [3]Cardiology Department, Aristide Le Dantec Hospital, Dakar, Senegal. [4]Cardiology Department, Idrissa Pouye Hospital, Dakar, Senegal

Introduction: In-hospital mortality is a critical indicator of healthcare quality, although most hospital deaths result from unavoidable morbid processes.

Objectives: This study aimed to examine cardiovascular mortality in working-age patients by analysing epidemiological, clinical, and paraclinical characteristics and identifying the key etiological factors associated with mortality.

Methodology: A descriptive and analytical retrospective study was conducted from September 2019 to August 2022 at the General Hospital Idrissa POUYE in Dakar. The study focused on patients aged 15 to 60 years who were hospitalised and subsequently died in the cardiology department. Bivariate analysis was used, with a p-value $\leqslant$ 0.05 considered statistically significant.

Results: A total of 73 patients were included, revealing a specific mortality rate of 8.8%. The majority of patients were male (sex ratio 1.2) with an average age of 44. The main cardiovascular risk factors identified were sedentarism (76.7%), hypertension (28.8%), and smoking (21.9%). Physical examinations showed signs of heart failure in 63%, while diagnostic tests revealed anemia (59%) and renal impairment (25%). Echocardiographic findings indicated impaired left ventricular ejection fraction (81%), pulmonary hypertension (78%), and kinetic abnormalities (40%). Cardiogenic shock (45.2%) and septic shock (37%) were the primary immediate causes of death.

The analysis revealed significant associations between

mortality and factors such as age, socio-economic status, ischaemic heart disease (p=0.034), pulmonary embolism (p=0.034), hypertension (p=0.009), smoking (p=0.011), diabetes (p=0.011), dyslipidaemia, obesity (p=0.001), and COVID-19 infection (p=0.017).

Conclusion: The high prevalence of ischaemic heart disease and pulmonary embolism in premature mortality highlights the need for intensified cardiovascular prevention measures.

Keywords: Cardiovascular mortality, under 60 years, Dakar, Senegal.

A101

PREVALENCE OF HYPERTENSION IN OUTPATIENT CONSULTATIONS IN A CARDIOLOGY DEPARTMENT IN WEST AFRICA IN DAKAR, SENEGAL ACCORDING TO "MY MEASURE MONTH"

Prévalence de l'hypertension dans les consultations ambulatoires dans un service de cardiologie en Afrique de l'Ouest à Dakar, Sénégal selon « mon mois de mesure »

[1,2]*A. A. Ngaide, [1,2]N. D. Gaye, [1,3]J. S. Mingou, [2]A. Ndior, [1,3]Faye, [1,3]M. Bodian, [1,4]A. Mbaye, [1,2]A. Kane

[1] *Faculty of Medicine, Cheikh Anta Diop University, Dakar, Senegal.* [2] *Cardiology Department, Dalal Jamm Hospital, Dakar, Senegal.* [3] *Cardiology Department, Aristide Le Dantec Hospital, Dakar, Senegal.* [4] *Cardiology Department, Idrissa Pouye Hospital, Dakar, Senegal*

Introduction: Hypertension is a significant public health concern globally, particularly in developing countries undergoing epidemiological transitions.

Objectives : This study, part of the "My Measure Month" program in collaboration with the French Society of Hypertension, aimed to investigate the prevalence of hypertension and stress the importance of blood pressure measurement.

Methodology: This was an observational and cross-sectional study conducted over one month in the outpatient department of a center specialized in hypertension management. The study included patients aged over 18 years. We examined hypertension data (duration, treatments, compliance) and cardiovascular risk factors. Three measurements were taken at one-minute intervals. A p-value ≤ 0.05 was considered statistically significant.

Results: The prevalence of hypertension was 45.6%, with a higher frequency in women (54.2%). The most affected age group was 50 to 70 years, with hypertension exceeding 70% in those over 70 years old. Notably, 13% of patients who

were not previously diagnosed with hypertension had elevated blood pressure during the study. Repeated measurements showed variations in hypertension grades, with a decrease in patients with grade II and III hypertension. Among hypertensive patients, 93% lacked financial coverage for their medications. Despite most being on pharmacological treatment, 36.2% of hypertensive patients, particularly those on dual therapy, had uncontrolled blood pressure. Factors such as age (≥ 65 years), smoking, dyslipidaemia, and heart failure were significantly associated with hypertension.

Conclusion: The study concludes that an integrated approach to prevention, screening, and treatment is essential to reduce the hypertension burden and enhance the quality of life for patients.

Keywords: Prevalence of hypertension, outpatient, Dakar, Senegal.

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EFFECT OF HAART ON OXIDATIVE DNA DAMAGE IN HIV PATIENTS AT UITH IN ILORIN

Effet de la Thérapie Antirétrovirale Hautement Active (HAART) sur les Dégâts Oxydatifs de l'ADN chez les Patients VIH à l'UITH à Ilorin

[1]U. A. Hamza, [1]A. F. Omolade, [1]A. B. Okesina, S. A. Biliaminu, [1]I. M. Abdul Azeez, [1]J. O. Yusuff

University of Ilorin Teaching Hospital, UITH, Ilorin, Nigeria.
Corresponding author: hamzauthman2014@gmail.com +2348066858267

Introduction: Human immunodeficiency virus HIV causes a well-known global disease, acquired immunodeficiency syndrome (AIDS), which has a high disease burden in Africa. HIV infection is known to be associated with oxidative stress, which may contribute to disease severity. However, the effect of HAART is equivocal, and requires more studies. 8-hydroxy-2-deoxyguanosine (8-OHdG), a useful biomarker to assess oxidative DNA damage in biological fluids, was therefore measured in this study.

Objectives: The study measured 8-OHdG in HIV seronegative and seropositive participants and correlated it with the duration of HAART.

Research Question: Does HIV infection have an effect on oxidative DNA damage? Does HAART have an effect on oxidative DNA damage? Does HAART duration have an effect on oxidative DNA damage?
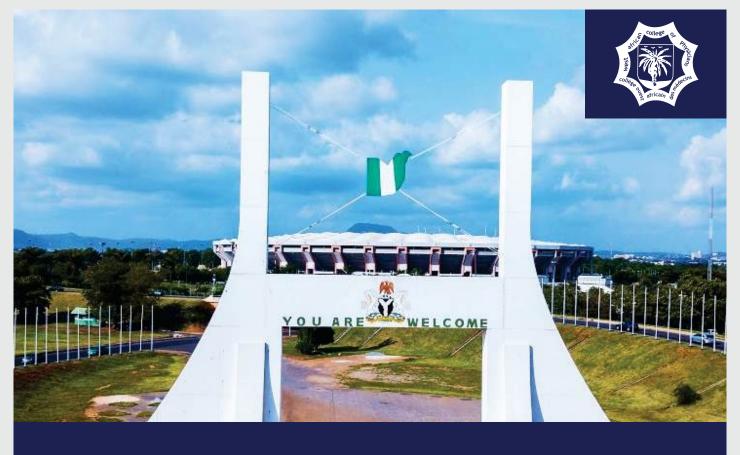
Methods: This was a cross-sectional study consisting of 99 participants in 4 strata: 20 HIV seronegative, 25 HAART naïve, 26 on HAART <5 years, and 28 on HAART >5 years. Those on HAART were all on Tenofovir, Lamivudine, and

Dolutegravir (TLD) combination. The questionnaires were administered, and blood samples were collected from all the participants. The serum 8-OHdG was measured with enzyme-linked immunosorbent assay in all the participants. The universal biosafety standards were strictly adhered to. The data were collected and analyzed with SPSS 2016 version.

Results/Discussion: The serum levels of 8-OHdG of the participants were shown below. Our findings showed higher 8-OHdG in HIV patients than the Controls and is much higher in HAART naïve when compared with those on HAART ($p = 0.005$). The serum 8-OHdG and HAART duration were compared and showed a statistically significant negative correlation (r = - 0.331, $p = 0.014$).

Conclusion: This study found that HIV infection causes oxidative DNA damage which is more in patients who have not started HAART than those on HAART. This showed that the TLD-HAART regimen reduces HIV-associated oxidative stress over time, though not completely. This finding further supports a critical role of oxidative stress in HIV infection, a protective effect of HAART, and a potential role of antioxidants that requires further research.

Keywords: Oxidative DNA Damage, 8-OHdG, HIV infection, HAART, TLD.

48TH ANNUAL GENERAL SCIENTIFIC MEETING

📅 28th - 30th OCT, 2024

THEME:

Improving Health Systems in the West African Region Opportunities and Challenges

Thème: Améliorer les systèmes de santé dans la région de l'Afrique de l'Ouest Opportunités et défis

SUB-THEMES:

- ✓ *National Health Insurance Schemes as a Strategy for Universal Health Coverage*
- ✓ *Artificial Intelligence in Medical Practice - How Prepared is the West African Sub-Region?*
- ✓ *Lifestyle, Culture and the Control of Non-Communicable Diseases*

Sous-Thèmes:

- ✓ *Les régimes nationaux d'assurance maladie commestratégie pour une couverture sanitaire universelle*
- ✓ *L'intelligence artificielle dans la pratique médicale – Dans quelle mesure la sous-région ouest-africaine est-elle préparée ?*
- ✓ *Mode de vie, culture et contrôle desmaladies non transmissibles*

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